



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number 67874		2. Exact name of the Corporation QUONSET AIR MUSEUM			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island NON-PROFIT AIR MUSEUM			
5. Principal Office Address P.O. Box 1571 (448 ECCLESTON)		City N. KINGSTOWN	State RI	Zip 02852	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name JOHN KANE		Vice-President Name NATE O'DONNELL			
Street Address 55 WHITE PINE DR.		Street Address 13 ASPEN LN.			
City N. SCITUATE	State RI	Zip 02857	City GREENVILLE	State RI	Zip 02828
Secretary Name BARBARA FAHEY		Treasurer Name BARBARA FAHEY			
Street Address 446 Post Rd		Street Address 446 Post Rd			
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name WARREN HAGIST		Director Name BILL GAVIGAN			
Street Address 645 Slocum Rd		Street Address 12 DRAKE RD.			
City SAUNDERSTOWN	State RI	Zip 02874	City WARWICK	State RI	Zip 02888
Director Name LARRY WEBSTER		Director Name KRIS GOVE			
Street Address PO Box 37		Street Address 24 GROVE AVE			
City SHANNOCK	State RI	Zip 02875	City CRANSTON	State RI	Zip 02910
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative BARBARA FAHEY				Date June 1, 2016	
Signature of Officer/Authorized Representative <i>Barbara Fahey</i>					

FILED
JUN 06 2016
BY 5382 *VB*



The QUONSET AIR MUSEUM

Home of Rhode Island's Aviation Heritage

2016 ANNUAL REPORT

ALBERTO SAUORETTI
4 ERICA DR.
LINCOLN, RI 02865

JOHN KANE
55 WHITE PINE DR.
N. SCITUATE, RI 02857

MIKE MARTIN
209 OREGON AVE
WOONSOCKET, RI 02895

NATE O'DONNELL
13 ASPEN LANE
GREENVILLE, RI 02828

MIKE O'NEIL
255 WARNER BROOKLYN DR
WARWICK, RI 02889

BARBARA FAHEY
446 POST RD
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