



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

148 W. River Street, Providence, Rhode Island 02904-2615
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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 <u>100956</u>	2. Exact name of the Corporation <u>WARREN ATHLETIC HALL OF FAME</u>
3. State of Incorporation <u>R.I.</u>	4. Brief description of the character of business conducted in Rhode Island <u>CREATION AND MAINTENANCE OF A HALL OF FAME WHO HAVE DISTINGUISHED THEMSELVES IN ATHLETICS WHILE CONNECTED TO WARREN</u>

5. Principal Office Address <u>40 Thomas Wright 572 Main Street</u>	City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</u>
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6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Chairperson</u> <u>LESTER LOMBARDI, Jr.</u>		Vice-President Name <u>NA</u>	
Street Address <u>48 Campbell Street</u>		Street Address	
City <u>WARREN</u>	State <u>RI</u>	Zip <u>02885</u>	City <u>WARREN</u>
Secretary Name / <u>TREASURER</u> <u>MARTHA G. DELEKTA</u>		Treasurer Name <u>AT LEFT</u>	
Street Address <u>65 SEYMOUR Street</u>		Street Address	
City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>	City <u>Warren</u>

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 <u>Lester Lombardi, Jr.</u>		Director Name <u>John W. Flynn</u>	
Street Address <u>48 Campbell St.</u>		Street Address <u>791 Main Street</u>	
City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>	City <u>Warren</u>
Director Name <u>Martha G. DELEKTA</u>		Director Name <u>JAY FERREIRA</u>	
Street Address <u>65 SEYMOUR ST.</u>		Street Address <u>12 STRAWBERRY LANE</u>	
City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>	City <u>Warren</u>

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative <u>MARTHA G. DELEKTA</u>	Date <u>JUNE 3, 2016</u>
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Signature of Officer/Authorized Representative
Martha G. Delekta

FILED *or*

JUN 06 2016

BY 461

WARREN ATHLETIC HALL OF FAME COMMITTEE MEMBERS 2016

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