



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 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 2017

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.
 Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 826857		2. Exact name of the Corporation Ponaganset Athletic Hall of Fame			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island This group administers to the Ponaganset Athletic Hall of Fame , holding an induction Banquet.			
5. Principal office address 29 Stirling Drive		City N. Scituate	State RI	Zip 02857	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Allen C. Huestis		Vice-President Name Tim Coyne			
Street Address 29 Stirling Drive		Street Address 347 Tourtolotte Hill Rd.			
City N. Scituate	State RI	Zip 02857	City Chepachet	State RI	Zip 02814
Secretary Name Donna Carlson		Treasurer Name Gary Martineill			
Street Address 137 Anan Wade Rd		Street Address 137 Anan Wade Rd.			
City N. Scituate	State RI	Zip 02857	City N. Scituate	State RI	Zip 02857
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Eunice Hindley		Director Name Tom Marcello			
Street Address Pine orchard Rd.		Street Address 137 Anan Wade Rd.			
City Chepachet	State RI	Zip 02814	City N. Scituate	State RI	Zip 02857
Director Name Beth Keeling		Director Name Michael Ferns			
Street Address 298 Pine Orchard Rd.		Street Address 7 Rustic Hill Rd.			
City Chepachet	State RI	Zip 02814	City N. Scituate	State RI	Zip 02857
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 01 2017

BY _____

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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.

Allen C. Huestis 4/30/17
 Signature of Officer or Authorized Representative Date

Allen C. Huestis
 Print or Type Name of Officer or Authorized Representative