



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

Annual Report for the year: 2017

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <u>1664421</u>		2. Exact name of the Corporation <u>21 Heroes, Inc.</u>	
3. State of Incorporation <u>Active</u>		5. Brief description of the character of business conducted in Rhode Island <u>Fundraising device for Vietnam War monument project in Pawtucket, RI.</u>	
4. NAICS Code <u>813410</u>			
6. Principal Office Address <u>43 Crystal Place</u>		City <u>Pawtucket,</u>	State <u>RI</u> Zip <u>02861</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>TERRENCE NAW</u>		Vice-President Name <u>James Rattus</u>	
Street Address <u>43 Crystal Place</u>		Street Address <u>33 Arnold Drive</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Cumberland</u>	State <u>RI</u> Zip <u>02864</u>
Secretary Name <u>Mary Dalton</u>		Treasurer Name <u>Bill Donnelly</u>	
Street Address <u>34 Cushing St.</u>		Street Address <u>36 York Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u> Zip <u>02861</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>TERRENCE NAW</u>		Director Name <u>Mary Dalton</u>	
Street Address <u>43 Crystal Place</u>		Street Address <u>34 Cushing St.</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02861</u>
Director Name <u>Steve Gao</u>		Director Name <u>James Rattus</u>	
Street Address		Street Address <u>33 Arnold Drive</u>	
City	State	City <u>Cumberland</u>	State <u>RI</u> Zip <u>02864</u>
9. 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>Terrence NAW</u>			Date <u>6-1-2017</u>
Signature of Officer/Authorized Representative <u>Terrence NAW</u>			FILED JUN 07 2017