



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

Annual Report for the year:

Non-Profit Corporation

2017

→ 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 124820		2. Exact name of the Corporation RHODE ISLAND HERITAGE HALL OF FAME			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island RECOGNITION OF PROMINENT RHODE ISLANDERS FOR INDUCTION INTO RIHHOF			
4. NAICS Code 813410					
6. Principal Office Address 1445 WAMPANOAG TRAIL, SUITE #201		City EAST PROVIDENCE		State RI	Zip 02915
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DR. PATRICK T. CONLEY, ESQ.			Vice-President Name MICHAEL E. LYONS		
Street Address 1445 WAMPANOAG TRAIL, SUITE #203			Street Address 21 DALTON STREET		
City EAST PROVIDENCE	State RI	Zip 02915	City RUMFORD	State RI	Zip 02916
Secretary Name NONE			Treasurer Name WARREN E. LEWIS, CPA		
Street Address			Street Address 112 PRESCOTT AVENUE		
City	State	Zip	City EAST PROVIDENCE	State RI	Zip 02915
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 DR. PATRICK T. CONLEY, ESQ.			Director Name MICHAEL E. LYONS		
Street Address 1445 WAMPANOAG TRAIL, SUITE #203			Street Address 21 DALTON STREET		
City EAST PROVIDENCE	State RI	Zip 02915	City RUMFORD	State RI	Zip 02916
Director Name WARREN E. LEWIS			Director Name NONE		
Street Address 112 PRESCOTT AVENUE			Street Address		
City EAST PROVIDENCE	State RI	Zip 02915	City	State	Zip
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 PATRICK T. CONLEY, PRESIDENT					Date 6-8-17
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUN 15 2017

BY

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FORM 631 Revised: 05/2017