



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

Annual Report for the year:
Non-Profit Corporation

2018

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

MAY 31 2018

BY 101

1. Entity ID Number 000062314		2. Exact name of the Corporation Rhode Island Country music HALL of FAME	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island to promote country music and individual artists	
4. NAICS Code 71310			
6. Principal Office Address 175 middle Road		City Portsmouth	State RI
		Zip 02871	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Dorothy Savory		Vice-President Name Patricia Robbins	
Street Address 34 Old North Road		Street Address 50 Cross St.	
City Coventry	State RI	City North Smithfield	State RI
Zip 02816		Zip 02896	
Secretary Name DAVID BROWN		Treasurer Name ELAINE J. ELLIS	
Street Address 41 Wolverstone Rd		Street Address 175 middle Road	
City E. GREENWICH	State RI	City Portsmouth	State RI
Zip 02818		Zip 02871	
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 DAVID BROWN		Director Name MANUEL ESCOBAR	
Street Address 41 Wolverstone Rd.		Street Address 175 middle Rd	
City E. Greenwich	State RI	City Portsmouth	State RI
Zip 02818		Zip 02871	
Director Name Dorothy Savory		Director Name	
Street Address 34 Old North Rd		Street Address	
City Coventry	State RI	City	State
Zip 02818		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 DOROTHY SAVORY		Date May 28, 2018	
Signature of Officer/Authorized Representative Dorothy Savory		SIGN DOCUMENT HERE May 28, 2018	