



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 711310 | | | |
| 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 <i>Dorothy Savory</i> | | | May 28, 2018 |

SIGN DOCUMENT HERE