



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

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SECRETARY OF STATE
CORPORATIONS DIV
2019 JAN - 9 PM 12:45

Annual Report for the year:

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 1607063		2. Exact name of the Corporation The Official Wrestling Museum			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island wrestling museum to give back to community, for for 100% relive Dolan's Respect the world of pro wrestling			
4. NAICS Code 813410					
6. Principal Office Address 1155 Douglas Ave Suite 329			City North Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dino Ruggiero			Vice-President Name		
Street Address 970 Mineral Spring Ave 3rd floor			Street Address		
City Pro. Prov.	State RI	Zip 02904	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 MICHAEL Ruggiero			Director Name CHERYL Ruggiero		
Street Address 970 Mineral Spring Ave 3rd floor			Street Address 1155 Douglas Ave #329		
City Pro. Prov.	State RI	Zip 02904	City Pro. Prov.	State RI	Zip 02904
Director Name Dino Ruggiero			Director Name		
Street Address 970 Mineral Spring Ave #3			Street Address		
City Pro. Prov.	State RI	Zip 02904	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Dino Ruggiero				Date 1/9/19	
Signature of Officer/Authorized Representative 				FILED 12:48 JAN 9 2019 BY KL 20853	