

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222.3040

ION-PROFIT CORPORA	TION ANNUAL	REPORT FOR THE	YEAR	2005

Filing Period: June 1 - June (FORM MUST BE TYPED OR PRIN	,	r: \$20.00				
L. Corporate ID No.	2. Name of Corporation					
111830	RHODE ISLAND AVIATIO	N HALL OF FAME, INC.				
3. State of Incorporation	4. Gurporate address In Rh	ode Island - Street Address		City		Zip
RHODE ISLAND	37 CATHE	DRAL AVE	NUE	PROVID	ENCE	02908
5. Foreign corporation. Enter princ			City	State		Ζφ
•			} ·			
6. Brief Description of the character of	f the affairs which are actu	ally conducted in Rhode Isla	nd	L		
			CONTRIBUTED TO RHODE IS	LAND'S RICH	LEGACY C	F AVIATION
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTACII	MENT) [] FILL IN SPACES BE	EFORE USING	G ATTACH!	MENTS
President Name	_		Vice President Name		, ~1	
FRANCIS L.	LENNON		GEOFFREY	SIA	LEY	
Street Address						00
37 CATHED	RAL AVEX	JUE	Sircet Address STUYNE	SANT	NIAN	(J) C
City	State	Zip				202 - 1 - 1
PROVIDENCE	<u> </u>	02908	GENESEO	NY.		19934
Socretary Name WILLIAM E	SHERIDA	AN	Treasurer Name			
Streyt Address	4		Street Address			
10 ALPHA C	DURT					
City DE ALCE	State	ZIP 07011	City	State		Zip
N.PROYIPENCE	K-1	62711	_ ·	l		
		•	CHMENT) TILL IN SPACES B			
THE NUMBER OF DIRECTO	RS OF A DOMESTIC	(RHODE ISLAND) (CORPORATION SHALL NOT E	BE LESS THA	N THREE	(3). R.I.G.L. 7-6-23
Director Name	1.6		Director Name	م م ه	. /	
FRANCIS L	. LENNO	N .	GEOFFREY S	STALE	<u> </u>	
Street Address	041 4.5		Street Address	4	. 4. 1 - 0	
37 CATHED	RAL AYE		32 STUYYES,	ANT M	ANOC	·
City	State	Zip	City _	State,		Z(p
PROVIDENCE	Ki	02908	GENESEO	$\mathcal{N}_{\mathcal{I}}$		14454
Director Name	SHERII	AN	Director Name			•
Street Address	· - //- ~ / p	· · · · · · · · · · · · · · · · · · ·	Street Address			· · · · · · · · · · · · · · · · · · ·
10 ALPHA	COURT					
City	State _	Zip A	City	State		Zip
N. PROVIDENCE	<i>PI</i>	21902911	*			
9. REGISTERED AGENT IN I	RHODE ISLAND - DO	NOT ALTER - Chans	ges require filing of Form 6	41 - R.I.G.L.	7-6-13 / 7-	6-7 8
Agent Name			Address			
FRANCIS L. LENNON						
Address			City		Zip	
			1 1		•	
37 CATHEDRAL AVENUE			PROVIDENCE		02908-	·
This report must be s	signed in ink by eithe	r the President, Vice F	President, Secretary, Assistant S	Secretary, Tre	asurer, Rec	eiver or Trustee
			·	•		
	 		Under penalty of perju	ru I declare a	nd affirm the	or I have examined this
	111830		report, including any ac			
]	stay ments contained by			, 1
7-1-	σΥ	1	Stan air Ot	Jem s	メン	n/20/nc
File Date			Signature of Officer	The street		10 124105 Date
255	7		Signature of Officer		1.0- /	Date
Check No.		1	FRANCIS L	L. LEA	INON.	
l Ros		•	Print or Type Name of O	fficer		
By:			DICITICA	V-T-		
FOR SECRETARY OF ST	ATE USE ONLY	-	- JUC 3/ JEV	1/		

Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, RI 02903-1335

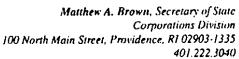
ON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR
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401.222.3040

2004

Filing Period: June 1 - Jui (FORM MUST BE TYPED OR PR	INTED IN BIACK)				
. Corporate ID No	2. Name of Corporation	"			_
111830	RHODE ISLAND AV	IATION HALL OF FAME, INC	•		
State of Incorporation	4. Corporate address is	ı Rhode İsland - Street Addre		City	Zip
RHODE ISLAND	37 CATH	HEDRAL AV	en u 6	PROTITENCE	02908
Foreign corporation. Enter pri	incipal office address		City	State	Zip
Brief Description of the characte HONORING INDIVIDUAL ACHIEVEMENT.		•	Island ELY CONTRIBUTED TO RHOD	E ISLAND'S RICH LEGAC	Y OF AVIATION
. NAMES AND ADDRESSI	ES OF THE OFFICE	RS: ("X" BOX FOR ATTA	CHMENT) 🔲 FILL IN SPACES	BEFORE USING ATTAC	IMENTS
President Name			Vice President Name		
FRANCIS L.	LENNON		GEOFFREY S	TALEY	
iner Address 37 CATHER	RAL AV	ENUE	Sirce Address STUYVES	BANT MANO	e
PRDYIDENCE	State RT	02908	GENESED	State	14454
ecretary Name			Treasurer Name		_
WILLIAM E.	SHERIDI	4N			
TO ALCHA	COURT		Street Address		
My	State	Zip	City	State	Zip
N, PROVIDENCE	- RI	02911			
. NAMES AND ADDRESS	ES OF THE DIRECT	ORS: ("X" BOX FOR AT	<i>TACHMENT)</i> FILL IN SPACE	S BEFORE USING ATTAC	HMENTS
HE NUMBER OF DIRECT	TORS OF A DOMES	TIC (RHODE ISLAND) CORPORATION <u>SHALL NO</u>	T BE LESS THAN THRE	£ (3). R.I.G.L. 7-6
Director Name			Director Name	,	
FRANCIS	L. LENN	ON	GEOFFREN	STALEY	
ira Address 37 CATHEI	•	ENVE	Street Address	ESANT MAI	VOK.
PLOYIDENCE	State RI	DZGDX	GENESED	State	14454
Streeter Name WILLIAM E	F. SHER		Director Name		
10 ALALA	_		Sircel Address	-	
N. PROYIDENCE	State	21p	City	State	Zip
REGISTERED AGENT II		- 1.7	anges require filing of Form	n 641 - R.I.G.L. 7-6-13 /	7-6-78
gent Name FRANCIS L. LENNON			Address		
Iddnss			City	Zip	
37 CATHEDRAL AVENUE			'		108-
			PROVIDENCE	Ť	08-

* 1 1 1 8 3 0 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date	Signature of Officer FRANCIS L. LENDON Statements contained hereinfule true and correct. Laure of Officer Date
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer PRESIDENT Title of Officer Florm 631 Rev. (14/1)M



STATE OF RHODE ISLAND

* Office of the Secretary of State	401.22	?2
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2003	
Filing Period: June 1 - June 30 • Filing Fee: \$20.00		
FORM MUST BE TYPED OR PRINTED IN BLACK)		_
1. Consequent ID No. 12. Nove of Companion		

. Corporate ID No.	2. Name of Corporation						
111830	RHODE ISLAND AVIATION HALL OF FAME, INC.						
). State of Incorporation	· ·	in Rhode Island - Street Add		City	Zip		
RHODE ISLAND	37 CATHE	DRAL AYE		PROVIDENCE			
5. Foreign corporation. Enter p	rincipal office address		City	State	Zip		
					<u> </u>		
5. Brief Description of the charac							
HONORING INDIVIDUAL ACHIEVEMENT.	S AND ORGANIZATIO	ONS WHO HAVE UNIQU	ELY CONTRIBUTED TO RHOI	DE ISLAND'S RICH LEGACY	OF AVIATION		
7. NAMES AND ADDRESSE	S OF THE OFFICER	RS ("X" BOX FOR ATTA	CHMENT) TILL IN SPACE	S BEFORE USING ATTAC	HMENTS		
President Name			Vice President Name				
FRANCIS L.	LENWON		_ GEOFFREY S	STALEY			
Street Address			o cel Auuress	a	1		
37 CATHED	CAL AVE	NUE	132 STUYVE	SANT MANO	<u> </u>		
Cin [,]	State	Zip 200	City	State 1	14454		
PROVIDENCE	KJ_	02908	<u>éeneseo</u>	10/	117737		
Secretary Name	a 110010	1.1	Treasurer Name				
WILLIAM_E	SHERIDA	TN	Street Address				
Street Address	C0.00T		Street Address				
10 ALPHA	COURT	Zip	City	State	Zip		
N.PROVIDENCE	OT	07011	J ****,				
8. NAMES AND ADDRESSE		DES ("Y" POY FOR ATTI	ACHMENT) FILL IN THE	SPACES BEFORE USING A	TTACHMENTS		
a. Names and Addresse THF NUMBER OF DIRE	CTORS OF A DOME		O) CORPORATION SHALL NO				
Director Name			Director Name				
	I SALATON "			STALEY			
FRANCIS L. Sireel Address	LENNON	<u>, </u>	Street Address		<u> </u>		
4	AL AVEN	190	32 STUVV69	ANT MANOR	•		
37 CATHEDIC	State	Zio	City	State	Zip		
PROVIDENCE	PT-	02408	GENESED	NY	14454		
Director Name		1000	Director Name				
WILLIAM E	. SHERIT	SAN					
Sirret Address	يع است بيس دار ايسه		Street Address				
10 ALPHA	COURT						
City	State	Zip	City	State	Zip		
N. PROYIDENCE	LE_	10.2911	nges require filing of Form 6		<u> </u>		
9. REGISTERED AGENT II	N RHODE ISLAND -	DO NOT ALTER - Char	nges require filing of Form 6	541 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name		·	Address				
FRANCIS L.LENNON					<u></u>		
Address			City Zip				
27 CATHEDRAL AVENUE			PROVIDENCE 02908-		908-		
	37 CATHEDRAL AVENUE			President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee			
This report must be signe	e a in in k by either l	me Presiaent, Vice Pi	resiaeni, Secretary, Assista	ni secretary, Freasurer, I	VECEINEL OF THUNIER		

		0 *
File Date	FILED	
Check No	JUN 3_0_2003	
. By	By Jogg GAM	

FOR SECRETARY OF STATE USE ONLY

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. Signature of Officer PRESIDENT Title of Officer Form 631 Rev. 6/02				
and that all statements contained herein are true and correct. Signature of Officer FRANCIS L. LENNON Print or Type Name of Officer PRESIDENT		Under penalty of perjury, I declare and affirm that I have of	xamined	
Signature of Officer FRANCIS L. LENNON Print or Type Name of Officer PRESIDENT				
Signature of Officer FRANCIS L. LENNON Print or Type Name of Officer PRESIDENT		and that all statements contained herein are true and correct	it.	
Signature of Officer FRANCIS L. LENNON Print or Type Name of Officer PRESIDENT		1 060		
FRANCIS L. LENNON Print or Type Name of Officer PRESIDENT	_	Sourist (Venues 6/1	5/03	,
PRESIDENT	<u> </u>	Signature of Officer Date	<u> </u>	
PRESIDENT		EDUNIONE L. IEALA DA		
PRESIDENT		Print or Type Name of Officer		
	_			
Title of Officer Form 631 Rev. 6/02	H	TRESIDENI		
	_	Title of Officer	Form 631	Rev. 6/02

To be filed annually during the month of June

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION

Corporate ID Number DNP-1118	30	Annual Report for the year 2002
The name of the corporation is	RHODE ISLAND AVIATION HALL OF	F FAME, INC.
2. The state or other jurisdiction	under the laws of which it is incorporated	is RHODE ISLAND
3. The address of the registered 02908-	office of the corporation in this state is	37 CATHEDRAL AVENUE PROVIDENCE, RI
and the name of its registered	I agent in this state at that address is FI	RANCIS L. LENNON
4. The character of the affairs w	nich it is actually conducting in Rhode Is	land, briefly stated, is LOMMEMORATINA
ID PERPETUATING TH	E ACHIEVEMENTS OF RHO	DE ISLANDERS IN AVIATION
		or other jurisdiction under the laws of which it is
	sland 37 CATHEDRAL AYE	ENVE PROV RI 02908
number of directors of a dom	estic (Rhode Island) corporation shall no	
NAME	OFFICE	ADDRESS
147III E	JET ICE	ADDITESS
		ADDITES
FRANCIS L. LENNON	Director	
FRANCIS L. LENNON WILLIAMS E. SHELIAMS	Director	
FRANCIS L. LENNON NILLAGOT E. SHECIONN GEOFFREY STALEY	Director	MANOR GENESEO NY 1443
FRANCIS L. LENNON VILLIAGO E. SHECIONN GEOFFREY STALEY FRANCIS L. LENNON	Director Director Director Director 32 STUVVESANT President 32 CATHEDRAL Vice-President 10 ALPHA CT.	
FRANCIS L. LEMNON NIVLIADO E. SHERIDAN GEOFFREY STALEY FRANCIS L. LENNON VILLIADO E. SHERIDAN	Director Director 2 STUYVESANT President 32 CATHEDRAL	MANOR GENESEO NY 144: AVE. PROV RI 02908
FRANCIS L. LENNON WILLIAM E. SHELIDAN GEOFFREY STALEY FRANCIS L. LENNON VILLIAM E. SHERIDAN	Director Director Director Director 32 STUYVESAW1 President 37 CATHEDRAL Vice-President 10 ALPHA CT.	MANOR GENESEO NY 1443 AVE. PROV RI 02908
FRANCIS L. LEMNON VILLIAGO E. SHELIDAN GEOFFREY STALEY FRANCIS L. LENNON VILLIAGO E. SHERIDAN """"	Director Director Director President Director 32 STVYVESAVI President 37 CATHEDRAL Vice-President Director JO ALBHA CT. Secretary Treasurer Under penalty of perjury, to report, including any acco	MANOR GENESEO NY 1443 AVE. PROV RI 02908 WORTH PROV. RI 02911 declare and affirm that I have examined this mpanying schedules and statements, and that
FRANCIS L. LENNON WILLIAM E. SHELIDAN GEOFFREY STALEY FRANCIS L. LENNON VILLIAM E. SHERIDAN	Director Director Director President Director Direc	MANOR GENESEO NY 1443 AVE. PROV RI DZ908 NORTH PROV. RI DZ 911 declare and affirm that I have examined this mpanying schedules and statements, and that herein are true and correct. WIATION HALL DE FAME INC. Exact Name of Corporation
FRANCIS L. LENNON WILLIAM E. SHERIPAN FRANCIS L. LENNON VILLIAM E. SHERIPAN " Dated: 6/14/02 * 1 1 1 8 3 0 *	Director Dir	MANOR GENESEO NY 1443 AYE. PROV RI DZ908 WORTH PROV. RI DZ911 declare and affirm that I have examined this mpanying schedules and statements, and that herein are true and correct.
FRANCIS L. LENNON WILLIAM E. SHERIPAN FRANCIS L. LENNON VILLIAM E. SHERIPAN " Dated: 6/14/02 * 1 1 1 8 3 0 *	Director Dir	MANOR GENESEO NY 1443 AVE. PROV RI 02908 NORTH PROV. RI 02911 declare and affirm that I have examined this mpanying schedules and statements, and that herein are true and correct. WIATION HALL DE FAME INC. Exact Name of Corporation
FRANCIS L. LENNON WILLIAM E. SHELIDAN GEOFFREY STALEY FRANCIS L. LENNON VILLIAM E. SHERIDAN "" Dated: 6/14/02	Director Dir	MANOR GENESEO NY 1443 AVE. PROV RI 02908 WORTH PROV. RI 02911 declare and affirm that I have examined this mpanying schedules and statements, and that herein are true and correct. WIATION HALL OF FAME INC. Exact Name of Corporation

To be filed annually during the month of June



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence, Rhode Island 02903-1335 Telephone (401) 222-3040

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NON-PROFIT CORPORATION

Corporate ID Number DNP-111830	Annual Report for the year 2001
1. The name of the corporation is RI	HODE ISLAND AVIATION HALL OF FAME, INC.
2. The state or other jurisdiction unde	r the laws of which it is incorporated is RHODE ISLAND
	e of the corporation in this state is 37 CATHEDRAL AVENUE PROVIDENCE, RI
and the name of its registered age	nt in this state at that address is FRANCIS L. LENNON
4. The character of the affairs which i	it is actually conducting in Rhode Island, briefly stated, is <u>GOM OLEMDRATING</u> THE ACHIEVEMENTS OF RHODE ISLANDERS IN AVIATION
	s of its principal office in the state or other jurisdiction under the laws of which it is
	37 CATHUDERI AND PROSIDERCE RI 02408
7. Names and addresses of its direct number of directors of a domestic	ors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the (Rhode Island) corporation shall not be less than three (3).)
NAME OFFI	CE ADDRESS
Filhucis La Langue Direc	tor 37 CATHENRAL AUG Pros. R1. 02908
William E. Shaning Direc	
BERFFREY STALEY Direc	100 00000 111 1115
FRANCIS L. LENNON Presi	
WILLIAM E. SHECIDAL Vice-	1 000 0000 11 0001 000 000 000
Secre	
Treas	•
Dated: 6/27/01	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.
* 1 1 8 3 0 *	PHODE ISLAND AVIATION HALL OF FAME INC. Exact Name of Corporation
FOR SECRETARY OF STATE USE ONLY	By travels + Cultin
File Date:	Title PRESIDENT (Report must be signed by an officer)
Check No.:	Form No. 631 Revised 5/98