



Department of State - Business Services Division

FILED

MAY 29 2020

BY 12305

Annual Report for the year:

2020

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 <u>001664421</u>		2. Exact name of the Corporation <u>21 HEROES, INC</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Preserving the memory of the 21 former Pawtucket residents killed in the Vietnam War.</u>	
4. NAICS Code <u>923140</u>			
6. Principal Office Address <u>43 Crystal Place</u>		City <u>Pawtucket</u>	State <u>RI</u>
		Zip <u>02861</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Terry Nau</u>		Vice-President Name <u>James Rattus</u>	
Street Address <u>43 Crystal Place</u>		Street Address <u>33 Arnold Drive</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Cumberland</u>	State <u>RI</u>
Zip <u>02861</u>		Zip <u>02864</u>	
Secretary Name <u>Bob Lincourt</u>		Treasurer Name <u>Mary Dutton</u>	
Street Address <u>21 Wascog Rd</u>		Street Address <u>34 West Cushing Ave</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02861</u>		Zip <u>02906</u>	
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 <u>TERRY Nau</u>		Director Name <u>James Rattus</u>	
Street Address <u>43 Crystal Place</u>		Street Address <u>33 Arnold Drive</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Cumberland</u>	State <u>RI</u>
Zip <u>02861</u>		Zip <u>02864</u>	
Director Name <u>Mary Dutton</u>		Director Name	
Street Address <u>34 West Cushing Ave</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02906</u>		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 <u>Terry Nau</u>			Date <u>May 19, 2020</u>
Signature of Officer/Authorized Representative			
SIGN DOCUMENT HERE			