RI SOS Filing	Number: 20	2043196850	Date: 6/23/2020 4:00:0	00 PM		
State of Rhode Island and	•					
Department of Sta			ivision			
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Annual Report for the year: Non-Profit Corporation	: 2020			FILED		
Filing period: June 1 - June 30				IIIN a a	2000	
→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.				JUN 23	2020	
				BY14	79 VS	
1. Entity ID Number	2. Exact name	of the Corporation				
27399	HERITAGE HARBOR FOUNDATION					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island AWARD GRANTS FOR THE PROMULGATION OF RHODE ISLAND HISTORY					
RHODE ISLAND						
4. NAICS Code	1					
813211						
6. Principal Office Address	<u> </u>		City	State	Zip	
1445 WAMPANOAG TRAIL,	SUITE #201		EAST PROVIDENCE	RI	02915	
7. List ALL officers (names and addresses)			<u> </u>	Check the box to Ind	icate an attachment	
President Name			Vice-President Name			
DR. PATRICK T. CONLEY Street Address	·		DR. D. SCOTT MOLLOY Street Address	(, JK.	<u> </u>	
ONE BRISTOL POINT ROAD			134 WHISPERING PINE WAY			
City BRISTOL	State RI	^{Zip} 02809	City EXETER	State RI	Zip 02822	
Secretary Name			Treasurer Name	_	**************************************	
RUSSELL J. DESIMONE Street Address			LAWRENCE C. REID Street Address			
20 BARTLETT ROAD			2 PARTRIDGE CIRCLE			
City MIDDLETOWN	State RI	Zip 02842	City NORTH ATTLEBORO	State MA	Zip 92760	
8. List ALL directors (names and a			<u> </u>			
Director Name			In-	Check the box to ind	icate an attachment	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Registered Agent in Rhode Isla	nd. This information	n is currently of recore	d in the Department of State. Chang	ges require filing Form	<u>I</u>	
Under penalty of perjury, I decla	re and affirm th	at I have examine	d this report, including any ac			
Statements, and that all stateme This report must be signed by either the Pre				resentative. Receiver or Tr	usiee	
Name of Officer/Authorized Repre				Date		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

DR. PATRICK T. CONLEY, PRESIDENT

Signature of Officer/Authorized Representative

Phone: (401) 222-3040 Website: www.sos.ri.gov ON DOCUMENT HERE

JUNE 18, 2020

HERITAGE HARBOR FOUNDATION BOARD OF DIRECTORS

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Robert I. Burke

Spouse: Ann

Pot au Feu - Independence Trail

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Cell: +508-838-4004 lcreid@verizon.net

Hon. Matthew J. Smith

Spouse: Claire 32 Riverview Drive North Providence, RI 02911

Home: 401-354-5109 Cell: 401-323-6869

speakermis@cox.net

JUN 2 3 2020

FILED

Dr. Joyce L. Stevos

57 Althea Street BY Providence, RI 02907 Home: (401) 274-3128

jstevos@verizon.net