RI SOS Filing Number: 202190894140 Date: 2/11/2021 3:41:00 PM

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

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.

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1. Entity ID Number	2. Exact name of the Corporation
88487	**American Diner Heritage, Inc.**
3. State of Incorporation: **Rhode Island**	5 Brief description of the character of business conducted in Rhode Island: **To collect, preserve, restore and maintain, study and exhibit**
4. NAICS Code: **711510 – Independent Artist**	

6. Principal Office Address	City	State	Zip
P.O. Box 6022	**Providence**	**RI**	**02940**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: **Daniel Zilka**			Vice-President Name: **Quentin A. Sanford, Jr.**		
Street Address: **242 Ferry Road**			Street Address: **2662 Main Street**		
City: **Charlotte**	State: **VT**	Zip: **05445**	City: **Tiverton**	State: **RI**	Zip: **02878**
Secretary Name: **Tom Shaker**			Treasurer Name: **Bethany Smith**		
Street Address: **93 Church Street**			Street Address: **P.O. Box 3393 / 1038 Main Street**		
City: **Woonsocket**	State: **RI**	Zip: **02895**	City: **Westport**	State: **MA**	Zip: **02790**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: **Daniel Zilka**			Director Name: **Quentin A. Sanford, Jr.**		
Street Address: **242 Ferry Road**			Street Address: **2662 Main Street**		
City: **Charlotte**	State: **VT**	Zip: **05445**	City: **Tiverton**	State: **RI**	Zip: **02878**
Director Name: **Tom Shaker**			Director Name: **Bethany Smith**		
Street Address: **93 Church Street**			Street Address: **P.O. Box 3393 / 1038 Main Street**		
City: **Woonsocket**	State: **RI**	Zip: **02895**	City: **Westport**	State: **MA**	Zip: **02790**

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	Date
DANIEL ZILKA	02.11.21

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

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BY 3:41

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 06/2019