



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

Annual Report for the year: **2019**
 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 88487 | | 2. Exact name of the Corporation 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 P.O. Box 6022 | | City Providence | State RI | Zip 02940 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 <input type="checkbox"/> | | | | | |
| 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. | | | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i> | | | | | |
| Name of Officer/Authorized Representative DANIEL ZILKA | | | | Date .02.11.21 | |
| Signature of Officer/Authorized Representative | | | | SIGN DOCUMENT HERE | |

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

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