



Department of State - Business Services Division

Annual Report for the year: **2021**

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.

**FILED**

JUN 10 2021

RY 1789

|                                                                                                                                                                                                                               |                 |                                                                                                                                                 |                                                |                         |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>27399</b>                                                                                                                                                                                           |                 | 2. Exact name of the Corporation<br><b>HERITAGE HARBOR FOUNDATION</b>                                                                           |                                                |                         |                     |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>                                                                                                                                                                              |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>AWARD GRANTS FOR THE PROMULGATION OF RHODE ISLAND HISTORY</b> |                                                |                         |                     |
| 4. NAICS Code<br>813211 - Grantmaking Found <input type="checkbox"/>                                                                                                                                                          |                 |                                                                                                                                                 |                                                |                         |                     |
| 6. Principal Office Address<br><b>1445 WAMPANOAG TRAIL, SUITE 201</b>                                                                                                                                                         |                 |                                                                                                                                                 | City<br><b>EAST PROVIDENCE</b>                 | State<br><b>RI</b>      | Zip<br><b>02915</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>                                                                     |                 |                                                                                                                                                 |                                                |                         |                     |
| President Name <b>DR. PATRICK T. CONLEY</b>                                                                                                                                                                                   |                 |                                                                                                                                                 | Vice-President Name <b>DR. D. SCOTT MOLLOY</b> |                         |                     |
| Street Address <b>ONE BRISTOL POINT ROAD</b>                                                                                                                                                                                  |                 |                                                                                                                                                 | Street Address <b>134 WHISPERING PINE WAY</b>  |                         |                     |
| City <b>BRISTOL</b>                                                                                                                                                                                                           | State <b>RI</b> | Zip <b>02809</b>                                                                                                                                | City <b>EXETER</b>                             | State <b>RI</b>         | Zip <b>02822</b>    |
| Secretary Name <b>KEN DOOLEY</b>                                                                                                                                                                                              |                 |                                                                                                                                                 | Treasurer Name <b>RUSSELL DESIMONE</b>         |                         |                     |
| Street Address <b>400 BELLEVUE AVENUE APT 202</b>                                                                                                                                                                             |                 |                                                                                                                                                 | Street Address <b>20 BARTLETT ROAD</b>         |                         |                     |
| City <b>NEWPORT</b>                                                                                                                                                                                                           | State <b>RI</b> | Zip <b>02842</b>                                                                                                                                | City <b>MIDDLETOWN</b>                         | State <b>RI</b>         | Zip <b>02842</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span> |                 |                                                                                                                                                 |                                                |                         |                     |
| Director Name <b>SUSAN GORNIEWICZ</b>                                                                                                                                                                                         |                 |                                                                                                                                                 | Director Name                                  |                         |                     |
| Street Address <b>76 BEACH POINT DRIVE</b>                                                                                                                                                                                    |                 |                                                                                                                                                 | Street Address                                 |                         |                     |
| City <b>RIVERSIDE</b>                                                                                                                                                                                                         | State <b>RI</b> | Zip <b>02915</b>                                                                                                                                | City                                           | State                   | Zip                 |
| Director Name                                                                                                                                                                                                                 |                 |                                                                                                                                                 | Director Name                                  |                         |                     |
| Street Address                                                                                                                                                                                                                |                 |                                                                                                                                                 | Street Address                                 |                         |                     |
| City                                                                                                                                                                                                                          | State           | Zip                                                                                                                                             | City                                           | State                   | Zip                 |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.                                                                                                   |                 |                                                                                                                                                 |                                                |                         |                     |
| <b>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.</b>                   |                 |                                                                                                                                                 |                                                |                         |                     |
| <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<br><b>DR. PATRICK T. CONLEY</b>                                                                                                                                                     |                 |                                                                                                                                                 |                                                | Date<br><b>6/7/2021</b> |                     |
| Signature of Officer/Authorized Representative <i>Patrick T. Conley</i>                                                                                                                                                       |                 |                                                                                                                                                 |                                                |                         |                     |



**RHODE ISLAND HERITAGE HARBOR FOUNDATION**  
**401-273-1787**  
**BOARD OF DIRECTORS**

**PRESIDENT**

Dr. Patrick T. Conley  
1 Bristol Point Road  
Bristol, RI 02809

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Spouse: Gail

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**VICE PRESIDENT**

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S/O: Marsha

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**TREASURER**

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**EXECUTVE DIRECTOR**

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