State of Rhode Island
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
SEP 21 2021
BY

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	

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. The Registered Agent information of record with the RI Department of State is accurate. 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	15 AUGUST 2021

Signature of Officer/Authorized Representative

MAIL TO:
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