



State of Rhode Island
Department of State - Business Services Division

FILED
JAN 30 2023
 BY 3889

Annual Report for the year: 2023
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 124820		2. Exact name of the Corporation RHODE ISLAND HERITAGE HALL OF FAME			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Award grants for the promulgation of Rhode Island history.			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 1445 Wampanoag Trail, Suite 201		City East Providence	State RI	Zip 02915	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Dr. Patrick T. Conley			Vice-President Name Albert Beauparlant		
Street Address One Bristol Point Road			Street Address 423 Mowry Street		
City Bristol	State RI	Zip 02809	City Burrillville	State RI	Zip 02830
Secretary Name Dr. Debra Mulligan			Treasurer Name Colonel Ronald Barnes		
Street Address 8 South Grove Avenue			Street Address 255 Constitution Court, #102		
City Warren	State RI	Zip 02885	City Johnston	State RI	Zip 02919
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 Steve Aveson			Director Name Patrick T. Conley, Jr.		
Street Address 41 Constitution Street			Street Address 30 Varnum Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name General James J. D'Agostino			Director Name		
Street Address 60 Pine Tree Lane			Street Address		
City West Greenwich	State RI	Zip 02817	City	State	Zip
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.					
<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 Patrick T. Conley				Date 1/19/23	
Signature of Officer/Authorized Representative 					

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