



State of Rhode Island
Department of State - Business Services Division

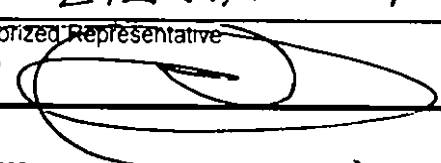
FILED

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.

FEB 27 2023
 BY Sob7 *PS*

1. Entity ID Number 000088487		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 712110					
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. 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 DANIEL ZILKA, ACTING DIRECTOR/PRESIDENT					Date 02.23.23
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