



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2016
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.

2023 SEP 19 AM 11:17
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.

1. Entity ID Number 000026668	2. Exact name of the Corporation The National Railroad Foundation and Museum		
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island OPERATING A HISTORIC AND SCENIC RAILROAD ON AQUIDNECK ISLAND TITLE: 7-6		
4. NAICS Code 482112			

6. Principal Office Address 8 Hoffman Place	City Newport	State RI	Zip 02840
---	------------------------	--------------------	---------------------

7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name John Doyle			Vice-President Name John Pratt		
Street Address 8 Hoffman Place			Street Address 715 Winter St.		
City Newport	State RI	Zip 02840	City Holliston	State MA	Zip 01744
Secretary Name Matthew Moore			Treasurer Name Robert Willhauck		
Street Address 78 Phelps Rd - Apt B			Street Address 32 Bramblewood Ln.		
City Middletown	State RI	Zip 02849	City Wakefield	State RI	Zip 02879

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name John Doyle			Director Name John Pratt		
Street Address 8 Hoffman Place			Street Address 715 Winter St.		
City Newport	State RI	Zip 02840	City Holliston	State MA	Zip 01744
Director Name Matthew Moore			Director Name Robert Willhauck		
Street Address 78 Phelps Rd			Street Address 32 Bramblewood Ln.		
City Middletown	State RI	Zip 02842	City Wakefield	State RI	Zip 02879

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 John Doyle	Date 9-19-2023
--	--------------------------

Signature of Officer/Authorized Representative

FILED 10/14

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

SEP 19 2023
BY A9414