



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.

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) <input type="checkbox"/> 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. 01744	
City Newport	State RI	City Holliston	State MA
Zip 02840		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	City Wakefield	State RI
Zip 02849		Zip 02879	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> 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	City Holliston	State MA
Zip 02840		Zip 01744	
Director Name Matthew Moore		Director Name Robert Willhauck	
Street Address 78 Phelps Rd		Street Address 32 Bramblewood Ln.	
City Middletown	State RI	City Wakefield	State RI
Zip 02842		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			

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

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