



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2015  
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.

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

6. Principal Office Address <b>8 Hoffman Place</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

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

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

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

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 <b>John Doyle</b>	Date <b>9-19-2023</b>
Signature of Officer/Authorized Representative	

FILED 10/19/23  
 SEP 19 2023  
 BY A9Y14

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov