



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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

FILED

JAN 30 2024

1. Entity ID Number 27399		2. Exact name of the Corporation HERITAGE HARBOR FOUNDATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Awards grants for the promulgation of Rhode Island history.			
4. NAICS Code 813211					
6. Principal Office Address 1445 Wampanoag Trail, Suite 203			City East Providence	State RI	Zip 02915
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Dr. Patrick T. Conley			Vice-President Name Dr. D. Scott Molloy		
Street Address One Bristol Point Road			Street Address 134 Whispering Pine Way		
City Bristol	State RI	Zip 02809	City Exeter	State RI	Zip 02822
Secretary Name Lawrence C. Reid			Treasurer Name Russell DeSimone		
Street Address 93 Terry Lane			Street Address 20 Bartlett Road		
City Plainville	State MA	Zip 02762	City Middletown	State RI	Zip 02842
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 Albert Beuparlant			Director Name Gail Cahalan-Conley		
Street Address 423 Mowry Street			Street Address One Bristol Point Road		
City Burrillville	State RI	Zip 02830	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 01/23/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
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