RI SOS Filing Number: 202447015540 Date: 2/20/2024 4:00:00 PM

State of Rhode Island  Department of State - Business Services Division				FII ED		
Annual Report for the year: 2024. Non-Profit Corporation				FE: 202024 BY \( \frac{5}{5} \) \( \frac{5}{5} \)		
<ul> <li>→ Filing period: February 1 - Ma</li> <li>→ Filing Fee: \$20.00</li> <li>→ Penalty. Additional \$25.00 fe</li> </ul>		by May 31.		(/		
1. Entity ID Number 100956		2. Exact name of the Corporation  L'ARREN ATHLETIC HALL OF FAM			E CONMITTEE	
3. State of Incorporation RHODE ISLAND	5. Brief descri	5. Brief description of the character of business conducted in Rhode CREATION AND MAINTENANCE OF A HALL			e Island LOF FAME FCR	
4. NAICS Code 7/2//0	ATHLET	THOSE WHO HAVE DISTINGUISHED THEMSELVE ATHLETICS WHILE CONNECTED TO THE YOUN WARLEN				
6. Principal Office Address Clc TOHN W. FLYNN			City	State	Zip	
21 BAGY WRINKLE COVE			WARREN	RI	c 2885	
7. List ALL officers (names and	addresses)		Check the	box to indicate a	n attachment 🔲	
Pendani Name CHAIRPERSON MARTHA DELEKTA			Vice-President Name,			
Street Address 65 SEYMOUR ST			Street Address			
City WARLEN	State I	07-882	City	State	Zip .	
Secretary Name GARY MARTINS		7	Treasurer Name  MARTHA DELEK	TA		
Sircet Address 74 BACK ST.			Street Address 65 SEYMOUR ST			
CITYSETKONK	State A	Zip 02771	City WARREN	State, I	02885	
8 List ALL directors (names an	d addresses). RI C	orporations MUST		e box to indicate a	on attachment	
Director Name  MARTHA DELEKTA			Director Name LESTER LOMBARDI			
Street Address 65 SEYHOUR ST			Street Address 48 CAMFBELL ST			
City WALREN	State -	Zip 02885	City WARREN	State I	32855	
Director Name JOHN W. FLYNN			Director Name GARY MARTINS			
Street Address AGY WRINKLE COVE			Street Address 74 BACK ST			
City WARREN	State	07881	CITY	State	2io 0 2771	
9. The Registered Agent inform	ation of record with		t of State is accurate. Changes require	e filing Form 64	1	
Under penalty of perjury, I de statements, and that all state			d this report, including any accomd correct.	panying sched	ules and	
This report must be signed by either the	President, Vice-Preside	nt, Secretary, Assistant S	Socretary, Treasurier, duly Airthonized Representa	tive, Receiver or Tru	rstee	
Name of Officer/Authorized Representative  MARTHA DELEKTA, CHAIRPERSON				02/16/2024		
Signature of Office / Authorized  Moutha G.	Representative Delek	la		<u> </u>		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov

## WARREN ATHTLETIC HALL OF FAME (100956) ADDITIONAL DIRECTORS 2023 (Filed February, 2024)

Ted Abrain 57 Mason Street Warren, RI 02885

John Barry 22 Benefit Street Warren, RI 02885

Joe Catalfano 10 Ruth Street Johnston, RI 02919

Charles Connolly Three Cranberry Road Warren, RI 02885

Jay Ferreira 12 Strawherry Lane Warren, RI 02885

Charlic Francis 511 Child Street #607 Warren, RI 02885 Diane Gempp 32 Howard Street Barrington, RI 02806

John Jannitto 37 Hope Street Warren, RI 02885

James McMahon 868 Main Street Warren, RI 02885

Matt Oliveira 11 Katic Drive Warren, RI 02885

Al Sweet, Jr.
Nine Rollingwood Court
Warren, RI 02885