



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.

FEB 26 2024

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1. Entity Number 104820		2. Exact name of the Corporation RHODE ISLAND HERITAGE HALL OF FAME			
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 813319					
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 ☐					
President Name Lawrence C. Reid			Vice-President Name Currently Vacant		
Street Address 93 Terry Lane			Street Address		
City Plainville	State MA	Zip 02762	City	State	Zip
Secretary Name Dr. Debra Mulligan			Treasurer Name General James J. D'Agostino		
Street Address 8 South Grove Avenue			Street Address 60 Pine Tree Lane		
City Warren	State RI	Zip 02885	City West Greenwich	State RI	Zip 02817
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Patrick T. Conley, Jr., Esq.			Director Name Mayor J. Michael Levesque		
Street Address 30 Varnum Avenue			Street Address 126 Woodbine Avenue		
City Bristol	State RI	Zip 02809	City Warwick	State RI	Zip 02886
Director Name Michael J. Riley, Jr., Esq.			Director Name		
Street Address 178 Broadway			Street Address		
City Providence	State RI	Zip 02903	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 Lawrence C. Reid				Date FEB. 21, 2024	
Signature of Officer/Authorized Representative <i>Lawrence C. Reid</i>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov