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.

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1. Entity ID Number	2. Exact name of the Corporation
194820	RHODE ISLAND HERITAGE HALL OF FAME
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Awards grants for the promulgation of Rhode Island history.
4. NAICS Code	
813319	

6. Principal Office Address	City	State	Zip
1445 Wampanoag Trail, Suite 203	East Providence	RI	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	City	
State	MA	State	
Zip	02762	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	City	West Greenwich
State	RI	State	RI
Zip	02885	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	City	Warwick
State	RI	State	RI
Zip	02809	Zip	02886
Director Name	Michael J. Riley, Jr., Esq.	Director Name	
Street Address	178 Broadway	Street Address	
City	Providence	City	
State	RI	State	
Zip	02903	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.

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	Date
Lawrence C. Reid	Feb. 21, 2024
Signature of Officer/Authorized Representative	Lawrence C. Reid

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

FORM 631- Revised: 12/2023