



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2024

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

MAY 13 2024

104

1. Entity ID Number 791930		2. Exact name of the Corporation Middletown High School Athletic Hall of Fame			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Our organization recognizes and honors the Athletic accomplishments of graduates, coaches and athletic supporters of Middletown High School			
4. NAICS Code 611110 - Elementary and Seco <input type="checkbox"/>					
6. Principal Office Address 130 Valley Road			City Middletown	State RI	Zip 02842
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Lisa O'Brien			Vice-President Name Andrew Leys		
Street Address 10 Wabasso Terrace			Street Address 847 Mitchells Lane		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name Michael Clancey			Treasurer Name Morrie W Seiple		
Street Address 43 Tanglewood Trail			Street Address 27 White Terrace		
City Narragansett	State RI	Zip 02882	City Middletown	State RI	Zip 02842
8. List ALL directors (names and addresses) RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Morrie W Seiple			Director Name Michael Clancey		
Street Address 27 White Terrace			Street Address 43 Tanglewood Trail		
City Middletown	State RI	Zip 02842	City Narragansett	State RI	Zip 02882
Director Name Lisa O'Brien			Director Name		
Street Address 10 Wabasso Terrace			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 Morrie W Seiple				Date 5/9/2024	
Signature of Officer/Authorized Representative 					

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov