



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

[Handwritten initials]

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
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7 List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Lisa O'Brien	Vice-President Name Andrew Leys
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Street Address 10 Wabasso Terrace	Street Address 847 Mitchells Lane
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City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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Secretary Name Michael Clancey	Treasurer Name Morrie W Seiple
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Street Address 43 Tanglewood Trail	Street Address 27 White Terrace
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City Narragansett	State RI	Zip 02882	City Middletown	State RI	Zip 02842
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8. List ALL directors (names and addresses) RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name Morrie W Seiple	Director Name Michael Clancey
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Street Address 27 White Terrace	Street Address 43 Tanglewood Trail
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City Middletown	State RI	Zip 02842	City Narragansett	State RI	Zip 02882
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Director Name Lisa O'Brien	Director Name
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Street Address 10 Wabasso Terrace	Street Address
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City Middletown	State RI	Zip 02842	City	State	Zip
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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 <i>Morrie W Seiple</i>	Date <i>5/9/2024</i>
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Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov