



**State of Rhode Island  
Department of State - Business Services Division**

**FILED**  
JAN 21 2025  
BY HR

Annual Report for the year: 2025

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.

1. Entity ID Number <b>124820</b>		2. Exact name of the Corporation <b>RHODE ISLAND HERITAGE HALL OF FAME</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island  <b>Awards grants for the promulgation of Rhode Island history.</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>1445 Wampanoag Trail, Suite 203</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02915</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Lawrence C. Reid</b>			Vice-President Name <b>General James J. D'Agostino</b>		
Street Address <b>93 Terry Lane</b>			Street Address <b>60 Pine Tree Lane</b>		
City <b>Plainville</b>	State <b>MA</b>	Zip <b>02762</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>
Secretary Name <b>Dr. Debra Mulligan</b>			Treasurer Name <b>Lawrence C. Reid (Acting)</b>		
Street Address <b>8 South Grove Avenue</b>			Street Address <b>93 Terry Lane</b>		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	City <b>Plainville</b>	State <b>MA</b>	Zip <b>02762</b>
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 <b>Patrick T. Conley, Jr., Esq.</b>			Director Name <b>Mayor J. Michael Levesque</b>		
Street Address <b>30 Varnum Avenue</b>			Street Address <b>126 Woodbine Avenue</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Director Name <b>Joseph S. Larisa, Jr., Esq.</b>			Director Name		
Street Address <b>50 S. Main St., #316</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative  <b>Lawrence C. Reid</b>				Date <b>JANUARY 15, 2025</b>	
Signature of Officer/Authorized Representative  <i>Lawrence C. Reid</i>					

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