



State of Rhode Island
Department of State - Business Services Division

FIELD

Annual Report for the year: 2025

JAN 31 2025 *ea*

Non-Profit Corporation

BY BS

- 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 000062314	2. Exact name of the Corporation RHODE ISLAND COUNTRY MUSIC HALL OF FAME
3. State of Incorporation RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island TO PROMOTE COUNTRY MUSIC AND INDIVIDUAL ARTISTS
4. NAICS Code	

6. Principal Office Address 175 Middle Road	City Portsmouth	State R.I.	Zip 02871
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Dorothy Savory			Vice-President Name Manuel Escobar		
Street Address 34 Old North Road			Street Address 175 Middle Road		
City Coventry	State R.I.	Zip 02816	City Portsmouth	State R.I.	Zip 02871
Secretary Name Russ Morency			Treasurer Name Elaine J. Ellis		
Street Address 142 Whipple Ave.			Street Address 175 Middle Road		
City Barrington	State R.I.	Zip 02806	City Portsmouth	State R.I.	Zip 02871

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name Paul Pronteau			Director Name David Brown		
Street Address 77 Abereen Ave.			Street Address 41 Wolverine Road		
City W. Warwick	State R.I.	Zip 02893	City 41 Wolverstone Road	State R.I.	Zip 02878
Director Name Harry Card			Director Name		
Street Address 166 West Street			Street Address		
City W. Warwick	State R.I.	Zip 02893	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.

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 Elaine J. Ellis	Date 01/29/25
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Signature of Officer/Authorized Representative
Elaine J. Ellis

MAIL TO:
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Website: www.sos.ri.gov