



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2022

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
RI DEPT. OF STATE
BUS SVCS DIV
2022 NOV -3 A 11:02

1. Entity ID Number <u>00007394</u>		2. Exact name of the Corporation <u>DAVE HILL MEMORIAL</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>ENACTED THROUGH THE GENERAL ASSEMBLY DURING THE JANUARY SESSION OF 1982 BUSINESS & HISTORIC REMEMBRANCE</u>			
4. NAICS Code <u>813910</u>					
6. Principal Office Address <u>204 CATHER ST.</u>			City <u>WANSCKET</u>	State <u>RI</u>	Zip <u>02885</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>ELEASCA VANGOL</u>			Vice-President Name		
Street Address <u>335 HANCOCK AVE.</u>			Street Address		
City <u>WANSCKET</u>	State <u>RI</u>	Zip <u>02885</u>	City	State	Zip
Secretary Name			Treasurer Name <u>NUKMA JENKES</u>		
Street Address			Street Address <u>17 CRESCENT ROAD</u>		
City	State	Zip	City <u>PANTUCKET</u>	State <u>RI</u>	Zip <u>02871</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>ELEASCA VANGOL</u>			Director Name <u>NUKMA JENKES</u>		
Street Address <u>335 HANCOCK AVE.</u>			Street Address <u>17 CRESCENT ROAD</u>		
City <u>WANSCKET</u>	State <u>RI</u>	Zip <u>02885</u>	City <u>PANTUCKET</u>	State <u>RI</u>	Zip <u>02871</u>
Director Name <u>FREDRICK SCHROEDER</u>			Director Name		
Street Address <u>120 DEXTER ST.</u>			Street Address		
City <u>PANWICK</u>	State <u>RI</u>	Zip <u>02909</u>	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.					
<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 <u>ELEASCA VANGOL</u>					Date <u>11.3.22</u>
Signature of Officer/Authorized Representative <i>[Signature]</i>					

FILED

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