RI SOS Filing Number: 200811521840 Date: 06/03/2008 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: $20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.***

1. Corporate ID No.	2. Name of Corporation		
276660	Bristol Art Museum		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	Box 42, Bristol, RI		02809
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
Art Exhibits

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Vice President Name
Paulette Carr	John Udvardy
Street Address: 151 Ferry Rd.	Street Address: 900 Hope St.
City: Bristol State: RI Zip: 02809	City: Bristol State: RI Zip:
Secretary Name	**Treasurer Name**
Cathy Holmstrom	Helga Piccoli
Street Address: 341 Hope St.	Street Address: 25 Aaron Ave.
City: Bristol State: RI Zip:	City: Bristol State: RI Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Director Name
Cora Lee Gibbs	David Harrington
Street Address: 126 Storm King Dr.	Street Address: 19 Congregational St.
City: Portsmouth State: RI Zip: 02871	City: Bristol State: RI Zip:
Director Name	**Director Name**
Patricia Woods	
Street Address: 133 Pappasquash Rd.	Street Address:
City: Bristol State: RI Zip:	City: State: Zip:

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address
	City: Zip:

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

FILED
File Date _____
Check No. JUN 03 2008
By: By

FOR SECRETARY OF STATE USE ONLY

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.

Helga Piccoli June 1, 08
Signature of Officer *Date*

Helga Piccoli
Print or Type Name of Officer

Treasurer
Title of Officer

[redacted]

Form 631 Rev. 12/06

23048-66-260672