

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 2009

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.	<u> </u>					
1. Corporate ID No.	2. Name of Corp	boration			<u> </u>	
45138	Battery B F	irst Rhode Island Light	Artillery, Inc			
3. State of Incorporation	4. Corporate ada	dress in Rhode Island - Street	Address	City	Zip	
Rhode Island	91A Mt. Hy	geia Road		Foster	02825	
5. Foreign corporation. Ent	er principal office addre	888	City:	State	Zip	
6. Brief Description of the cha	racter of the affairs whic	ch are actually conducted in R	bode Island		<u>.                                    </u>	
Living Hisory, education	nal organization p	reserving Rhode Island	d's Civil War history.			
7. NAMES AND ADDRI	ESSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) 📋 FILL IN SPAC	CES BEFORE USING AT	TTACHMENTS	
President Name			Vice President Name			
Phillip A. DiMaria			Raymond F. Pedro, Jr.			
Street Address			Street Address			
91A Mt. Hygeia Road			339 B South County Trail			
City:	State	Zip	City	State	Zip	
Foster	RI	02825	Exeter	RI	02822	
Secretury Name Barbara J. Laird			Treasurer Name Robert C. Bromley			
Street Address			Street Address			
72 East Shore Road			1043 Sheffield Street			
City	State	Zip	City	State	Zip	
Exeter	RI	02822	New Bedford	MA	02745	
			ATTACHMENT) TILL IN SPA			
THE NUMBER OF DIR	ECTORS OF A DO.	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN T	HREE (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Andre Cournoyer			Kathy Cournoyer			
Street Address			Street Address			
239 Sunnybrook Far	m Road		239 Sunnybrook Farm Road			
City	State	Zip	City·	State	Zip	
Narragansett	RI	02882	Narragansett	RI	02882	
Director Name			Director Name			
Gerry Burgess						
Street Address			Street Address		SE S	
99 Allen Street #110						
City	State	Zip	City	State	<b>海</b>	
Woonsocket	RI	02895	I			
9. REGISTERED AGENT	f IN RHODE ISLAN	ND			3 PAR	
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This report	must be signed by	either the President, Vic	e President, Secretary, Assistar	nt Secretary, Treasurer,	Receive Trustee	
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Under penalty of perjury, I declare and affirm that I have examined this
report, including any accompanying schedules and statements, and that al
statements contained herein are true and correct.
white samuely leftstog
Signature of Officer Date
Robert C. Bromley
Print or Type Name of Officer
Treasurer

Title of Officer