

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 2011

401.2

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.				<del>.,</del>		
54861		2. Name of Corporation				
3. State of Incorporation		Generations Alumni Drum & Bugle Corps.  4. Corporate address in Rhode Riend - Street Address City Zib				
Rhode Island			Adaress	City	<i>A</i> p	
	443 Hope			Bristol	02809	
5. Foreign corporation. Enter principal office address			City	State	Zφ.	
6. Brief Description of the chai	racier of the affairs whi	cb are actually conducted in	Rbode Island			
Drum & Bugle Corps.		•				
7. NAMES AND ADDRE	SSES OF THE OF	FICERS: ("x" BOX FOR .	ктта <i>симва</i> т). 🔲 PILL in 8	PACES BEFORE USING A	TTACHMBNT8	
President Name			Vice President Name			
Anthony Cordeiro			Kenneth W. Scolaro			
Street Address			Street Address			
17 Bay View Avenue			15 Pocahontas Drive			
City Bristol	State	Zų	Ctty	State	ZIÞ	
	RI	02809	Seekonk	MA	02771	
Secretary Name Jacqueline Cordeiro			Treasurer Name David Viera			
Sireet Address			Street Address		***	
17 Bay View Avenue			67 Ipswich Street			
City	State	Zſp	CI(f)	State	Zip	
Bristol	RI	02809	Seekonk	MA	02771	
			Pattachmbnt) [] RILL in S			
	ECTORS OF A DO	MESTIC (RHODE ISL	IND) CORPORATION SHA	LL NOT BE LESS THAN T	HREE (3). R.I.G.L. 7:6-23	
Director Name			Director Name			
David Viera			Anthony Cordeiro			
Street Address			Street Address			
87 Ipswich Street			17 Bay View Avenue			
City	State	ZΦ	CHy	State	Zφ	
Seekonk	MA	02771	Bristol	RI	02809	
Director Name			Director Name			
Kenneth W. Scolaro					<del></del>	
Street Address			Street Address			
15 Pocahontas Drive						
City	State	Zφ	Cany	State	Zip	
Seekonk	<u> MA</u>	02771	<u> </u>			
9. REGISTERED AGENT	IN RHODE ISLA	MD				
This information is curren	atly of record in th	e Office of the Secretary	of State. Changes require filin	g of Form 641 - R.I.G.L., 7-	6-13/7-6-78	
		<del></del>				

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

54861			
FILEU	Under penalty of perjury, I declare and affirm that I have examined the report including any accompanying schedules and statements, and that a statements contained herein are and conject.		
Pla Come LJUN 27 2011	Signature of Officer Date		
	David Viera Print or Type Name of Officer		
POR SECRETARY OF STATE USE ONLY	Treasurer Tule of Officer		
7 11 11 11 11 11 11 11 11 11 11 11 11 11	Form 631 Rev 00/17		