



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

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

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.

**ANNUAL REPORT YEAR:** 2011

**1. Corporate ID No.** 000534319

**2. Name of Corporation** ACW Ancestor

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: #19 BRIAR POINT AVENUE

City or Town: #COVENTRY

State: RI Zip: 02816 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

EDUCATIONAL, TO PROVIDE TO STUDENTS, EDUCATORS AND OTHERS DOCUMENTION AND DEMONSTRATIONS OF THE AMERICAN CIVIL WAR 1861 THROUGH 1865. TO ASSIST IN THE PRESERVATION OF ORGINIAL DOCUMENTS OF THE AMERICAN CIVIL WAR THROUGH DIGITIZATION AND/OR INTERNET ACCESS. TO LOCATE, COLLECT, DIGITIZE AND PROVIDE ACCESS TO THE PEOPLE OF THE UNITED STATES AS MANY OF THESE DOCUMENTS WHICH CAN BE FOUND WITHIN COLLECTIONS IN THE NATIONAL ARCHIVES, STATE ARCHIVES OR ANY ARCHIVES, LIBRARIES OR PRIVATE COLLECTIONS THROUGHOUT THE WORLD, FOR WHATEVER REASON TO ALL. TO IMPROVE THE LEVEL OF HISTORICAL TRAINING IN THE UNITED STATES.

**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	BRUCE DAVID FRAIL	19 BRIAR POINT AVE COVENTRY, RI 02816 USA
VICE PRESIDENT	ANNA LOUISE FRAIL	19 BRIAR POINT AVE COVENTRY, RI 02816 USA
SECRETARY/TREASURER	BENJAMIN JOSEPH FRAIL	19 BRAIR POINT AVE COVENTRY, RI 02816 USA
DIRECTOR	BRUCE DAVID FRAIL	19 BRIAR POINT AVE COVENTRY, RI 02816 USA
DIRECTOR	ANNA LOUISE FRAIL	19 BRIAR POINT AVE COVENTRY, RI 02816 USA
DIRECTOR	BENJAMIN JOSEPH FRAIL	19 BRIAR POINT AVE COVENTRY, RI 02816 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

BRUCE D. FRAIL 19 BRIAR POINT AVE COVENTRY , RI 02816

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

**Signed this 29 Day of June, 2011 at 11:41:58 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By BRUCE D. FRAIL  
Signature of Officer of the Corporation

President or  Vice President or  Secretary or  Assistant Secretary or  
 Treasurer or  Receiver or  Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.**

Form No. 631  
Revised 09/07