



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

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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.

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|--|----------------------|---|---|----------------------------|---------------------|
| 1. Corporate ID No. 32510 | | 2. Name of Corporation BRISTOL HOME FOR AGED WOMEN | | | |
| 3. State of incorporation Rhode Island | | 4. Corporate address in Rhode Island - Street Address 90 PETER W. ARNOLD 20 GRAY'S POINT ROAD | | City CHARLESTOWN | Zip 02813 |
| 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 MAKING GRANTS TO WORTHY 501(C)(3) ORGANIZATIONS IN RHODE ISLAND | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name KAREN SANTOLUPO | | | Vice President Name BETTY GILBERT | | |
| Street Address 36 BURTON STREET | | | Street Address 1030 HOPE STREET | | |
| City BRISTOL | State RI | Zip 02809 | City BRISTOL | State RI | Zip 02809 |
| Secretary Name PETER ARNOLD | | | Treasurer Name GAIL FEATHER | | |
| Street Address 20 GRAY'S POINT ROAD | | | Street Address 4 MATTHEW CT | | |
| City CHARLESTOWN | State R.I. | Zip 02813 | City WARREN | State R.I. | Zip 02885 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 MARCIA TORREY | | | Director Name BETSY GAMWELL | | |
| Street Address 8 HONE ST, UNIT 2 | | | Street Address 11 NOYES AVENUE | | |
| City BRISTOL | State R.I. | Zip 02809 | City BRISTOL | State RI | Zip 02809 |
| Director Name CYNTHIA PIREZ | | | Director Name REBECCA HOPKINS | | |
| Street Address 19 PAINE STREET | | | Street Address 10 DEWOLF AVENUE | | |
| City BRISTOL | State RI. | Zip 02809 | City BRISTOL | State R.I. | Zip 02809 |
| 9. REGISTERED AGENT IN RHODE ISLAND PETER W. ARNOLD, 20 GRAY'S POINT ROAD, CHARLESTOWN, RI 02813 This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78 | | | | | |

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

FILED

File Date: **MAY 21 2012**
 Check No.: **1687103**
 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.

Signature of Officer: *Peter W. Arnold* Date: 4/10/12
 Print or Type Name of Officer: **PETER W. ARNOLD**
 Title of Officer: **TREASURER**