



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000131202		2. Exact name of the Corporation BRISTOL PASTIME THEATER FOUNDATION			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To support the performing arts in Bristol, through collaboration, programming and advocacy, increasing the cultural and economic vibrancy of the East Bay			
5. Principal office address Po Box 804		City Bristol	State RI	Zip 02809	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Paul A. Mancieri		Vice-President Name Diana Campbell			
Street Address 6 Howe St		Street Address 40 Seal Island Rd.			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name William Amanna		Treasurer Name David E. Barboza			
Street Address 2 Howe St		Street Address 92 Constituion St			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Roberta Adams		Director Name David E. Barboza			
Street Address 21 Cliff Dr		Street Address 92 Constitution St			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name William Amanna		Director Name			
Street Address 2 Howe St		Street Address			
City Bristol	State RI	Zip 02809	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

JUN 20 2012

File Date _____

Check No _____

By: _____

By *mmc*
CR # 2454

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.

David E. Barboza **06/19/12**
 Signature of Officer Date

David E. Barboza

Print or Type Name of Officer

Treasurer

Title of Officer

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