



**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. <b>000131202</b>		2. Exact name of the Corporation <b>BRISTOL PASTIME THEATER FOUNDATION</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>To support the performing arts in Bristol, through collaboration, programming and advocacy, increasing the cultural and economic vibrancy of the East Bay</b>			
5. Principal office address <b>Po Box 804</b>		City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Paul A. Mancieri</b>		Vice-President Name <b>Diana Campbell</b>			
Street Address <b>6 Howe St</b>		Street Address <b>40 Seal Island Rd.</b>			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>William Amanna</b>		Treasurer Name <b>David E. Barboza</b>			
Street Address <b>2 Howe St</b>		Street Address <b>92 Constituion St</b>			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
<b>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"/></b>					
Director Name <b>Roberta Adams</b>		Director Name <b>David E. Barboza</b>			
Street Address <b>21 Cliff Dr</b>		Street Address <b>92 Constitution St</b>			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name <b>William Amanna</b>		Director Name			
Street Address <b>2 Howe St</b>		Street Address			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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*  
*CT # 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

**FOR SECRETARY OF STATE USE ONLY**