



**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. <u>27431</u>		2. Exact name of the Corporation <u>Fourth of July Chief Marshals Association of Bristol</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Assist with 4<sup>th</sup> of July Celebration + Chief Marshal</u>	
5. Principal office address <u>PO Box 1136</u>		City <u>Bristol</u>	State <u>RI</u>
		Zip <u>02809</u>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
President Name <u>Mickie MacNeill</u>		Vice-President Name <u>Donna Marshall</u>	
Street Address <u>7 Sullivan Lane</u>		Street Address <u>2 Marshall Ct.</u>	
City <u>Bristol</u>	State <u>RI</u>	City <u>Bristol</u>	State <u>RI</u>
Zip <u>02809</u>		Zip <u>02809</u>	
Secretary Name <u>Regina Campbell</u>		Treasurer Name <u>Oryann Lima</u>	
Street Address <u>15 Sousa St.</u>		Street Address <u>73 Franklin St.</u>	
City <u>Bristol</u>	State <u>RI</u>	City <u>Bristol</u>	State <u>RI</u>
Zip <u>02809</u>		Zip <u>02809</u>	
<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 <u>Mickie MacNeill</u>		Director Name <u>Donna Marshall</u>	
Street Address <u>Same as above</u>		Street Address <u>Same as above</u>	
City	State	City	State
Zip		Zip	
Director Name <u>Regina Campbell</u>		Director Name <u>Oryann Lima</u>	
Street Address <u>Same as above</u>		Street Address <u>Same as above</u>	
City	State	City	State
Zip		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 27 2012**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

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.

Mickie MacNeill 6/25/12  
 Signature of Officer Date

Mickie MacNeill

Print or Type Name of Officer

President

Title of Officer