



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 **2013**

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. 26095		2. Exact name of the Corporation THE LADIES AUXILIARY OF THE BRISTOL FIRE DEPARTMENT			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island SUPPORT THE BRISTOL VOLUNTEER FIRE DEPARTMENT SCHOLARSHIP PROGRAM AND FUND RAISING			
5. Principal office address PO BOX 881		City BRISTOL	State RI	Zip 02809	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name VIRGINIA CAIRRAO			Vice-President Name AMY PROULX		
Street Address 8 COLT AVENUE			Street Address 4 KING STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name KAREN IRONS			Treasurer Name DIANE SOUSA		
Street Address 104 KING PHILIP AVENUE			Street Address 6 RIVERVIEW AVENUE		
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 CLAIRE ANDRADE			Director Name CHARLENE GRIMO		
Street Address 1 CHESTNUT STREET			Street Address 31 RIVER STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name BARBRA LUTHER			Director Name		
Street Address 905 HOPE STREET			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

File Date _____

MAY 22 2013

Check No _____

By: _____

By *mne*
CR # 1450

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 *Virginia Cairrao* Date *5/15/13*

VIRGINIA CAIRRAO

Print or Type Name of Officer

PRESIDENT

Title of Officer