



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. 45138		2. Exact name of the Corporation Battery B First Rhode Island Light Artillery, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Living history, educational programs preserving Rhode Island's Civil War history.			
5. Principal office address 91A Mt. Hygeia Road		City Foster		State RI	Zip 02825
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Phillip A. DiMaria		Vice-President Name John Jones			
Street Address 91A Mt. Hygeia Road		Street Address 1091 Snakehill Road			
City Foster	State RI	Zip 02825	City N. Scituate	State RI	Zip 02857
Secretary Name Barbara J. Laird		Treasurer Name Robert C. Bromley			
Street Address 72 East Shore Road		Street Address 33 Upton Street			
City Exeter	State RI	Zip 02822	City New Bedford	State MA	Zip 02746
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 Paula Berard		Director Name Raymond F. Pedro Jr.			
Street Address 209 Avenue C		Street Address 28 Main Street			
City Woonsocket	State RI	Zip 02895	City Westerly	State RI	Zip 02891
Director Name Geraldine Burgess		Director Name James Thevenet			
Street Address 99 Allen Street #110		Street Address 92 N. Shore Road			
City Woonsocket	State RI	Zip 02895	City Voluntown	State CT	Zip 06384
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
JUL 17 2013

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.

Signature of Officer

Robert C. Bromley

Print or Type Name of Officer

Treasurer

Title of Officer

May 16, 2013

Date