



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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>26278</u>		2. Exact name of the Corporation <u>THE AMERICAN BRASS BAND</u>			
3. State of Incorporation <u>RHODE ISLAND</u>		4. Brief description of the character of business conducted in Rhode Island <u>CONCERT BAND PERFORMING CONCERTS IN RI + NEW ENGLAND</u>			
5. Principal office address <u>667 WATERMAN AVENUE</u>		City <u>EAST PROVIDENCE</u>		State <u>RI</u>	Zip <u>02914</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name <u>KATELAIN TAVARES</u>			Vice-President Name <u>BETHANY DALEY</u>		
Street Address <u>55 VERNON ST. #3</u>			Street Address <u>180 SUSAN BOWEN RD.</u>		
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>	City <u>GREENE</u>	State <u>RI</u>	Zip <u>02827</u>
Secretary Name <u>STEVEN PASETTI</u>			Treasurer Name <u>HENRY MOREL</u>		
Street Address <u>1588 MAIN ST. #12</u>			Street Address <u>97 WARD ST.</u>		
City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>WONSOCKET</u>	State <u>RI</u>	Zip <u>02895</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name <u>BRIAN CARDANY</u>			Director Name <u>MICHAEL AUDETTE</u>		
Street Address <u>9 WATSON DRIVE</u>			Street Address <u>196 LEDGEWOOD RD. #301</u>		
City <u>HOPE VALLEY</u>	State <u>RI</u>	Zip <u>02832</u>	City <u>GROTON</u>	State <u>CT</u>	Zip <u>06340</u>
Director Name <u>KEVIN KANE</u>			Director Name		
Street Address <u>6 INDIAN RUN TRAIL</u>			Street Address		
City <u>SMITHFIELD</u>	State <u>RI</u>	Zip <u>02917</u>	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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY _____

FILED

JUN 10 2014

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.

Henry P. Morel 6/7/14
Signature of Officer or Authorized Representative Date

HENRY P. MOREL (TREASURER)
Print or Type Name of Officer or Authorized Representative