



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. 27724		2. Exact name of the Corporation Bristol Historical and Preservation Society	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To promote interest in historical research, preserve local history and educate public	
5. Principal office address 48 Court Street, P.O. Box 356		City Bristol	State RI
		Zip 02809-0356	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name Pamela J. Meyer		Vice-President Name JOAN PRESCOTT	
Street Address 112 UNION ST		Street Address 167 STATE ST	
City BRISTOL	State RI	City BRISTOL	State RI
Zip 02809		Zip 02809	
Secretary Name CAROL GAFFORD		Treasurer Name CLIFF MOREY	
Street Address 624 METACOM AVE APT 103		Street Address 7 RESERVOIR AVE	
City WARREN	State RI	City BRISTOL	State RI
Zip 02885		Zip 02809	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name CYNTHIA McNAUGHTEN		Director Name DORY SKEMP	
Street Address 48 GREEN STREET		Street Address 20 LYDON STREET	
City FAIRHAVEN	State MASS	City WARREN	State RI
Zip 02719		Zip 02885	
Director Name CLAIRE BENSON		Director Name KEVIN JORDAN	
Street Address 23 NOYES AVE		Street Address 221 HOPE STREET	
City BRISTOL	State RI	City BRISTOL	State RI
Zip 02809		Zip 02809	
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

FILED

File Date _____

Check No. **JUN 19 2014**

By: **3497**

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.

Pamela J Meyer 6/16/14
Signature of Officer or Authorized Representative Date

PAMELA J MEYER
Print or Type Name of Officer or Authorized Representative

Bristol Historical and Preservation Society

48 Court Street, P.O. Box 356, Bristol, RI 02809

Phone and Fax (401) 253-7223

June 2014

Attachment: Non-Profit Corporations Annual Report for the Year 2014

Additional Directors*

Kevin Jordan	23 Summer St
James Mumma	138 Hope St.
Autumn Quesada-Grant	6 Francine St.
Derwent Riding	16 Sea Breeze Ln
June Truitt	3 Smith St
Catherine Zipf	32 Greylock Rd

*All additional Officers and Directors are from

City Bristol
State RI
Zip 02809

FILED
JUN 19 2014
BY 27724