



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 **2015**

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. 27679		2. Exact name of the Corporation Bristol County Bar Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Local bar association for attorneys living or practicing in Bristol County			
5. Principal office address 665 Metacom Avenue		City Warren	State RI	Zip 02885	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas E. Wright		Vice-President Name William R. Powers, III			
Street Address 572 Main Street		Street Address 1400 Turks Head Building			
City Warren	State RI	Zip 02885	City Providence	State RI	Zip 02903
Secretary Name Robert J. Healey, Jr.		Treasurer Name John G. Rego			
Street Address 665 Metacom Avenue		Street Address 443 Hope Street			
City Warren	State RI	Zip 02885	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 John G. Rego		Director Name Thomas E. Wright			
Street Address 443 Hope Street		Street Address 572 Main Street			
City Bristol	State RI	Zip 02809	City Warren	State RI	Zip 02885
Director Name Robert J. Healey, Jr.		Director Name			
Street Address 665 Metacom Avenue		Street Address			
City Warren	State RI	Zip 02885	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

FILED

MAY 04 2015

File Date

BY 18441

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 or Authorized Representative

Date

John G. Rego, Treasurer

Print or Type Name of Officer or Authorized Representative