

1. Entity ID No.

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

2015

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

2. Exact name of the Corporation

Filing Fee: \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

27679	Bristol C	Bristol County Bar Association				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island Local bar association for attorneys living or practicing in Bristol County					
Rhode Island						
5. Principal office address			City	State	Zip	
665 Metacom Avenue			Warren	RI	02885	
6. LIST ALL OFFICERS (NAI	MES AND ADDE	RESSES) ("X" BOX FO	OR ATTACHMENT)			
President Name			Vice-President Name			
Thomas E. Wright			William R. Powers, II	I		
Street Address			Street Address			
572 Main Street			1400 Turks Head Building			
City	State	Zip	City	State	Zip	
Warren	RI	02885	Providence	RI	02903	
Secretary Name			Treasurer Name	'	•	
Robert J. Healey, Jr.			John G. Rego			
Street Address			Street Address			
665 Metacom Avenue			443 Hope Street			
City	State	Zip	City	State	Zip	
Warren	RI	02885	Bristol	RI	02809	
("X" BOX FOR ATTACHMENT) Director Name John G. Rego Street Address			Director Name Thomas E. Wright			
			Street Address			
443 Hope Street	101-1-		572 Main Street	101-1-	 	
City	State	Zip	City	State	Zip	
Bristol	RI	02809	Warren	RI	02885	
Director Name Robert J. Healey, Jr.			Director Name			
Street Address			Street Address			
665 Metacom Avenue						
City	State	Zip	City	State	Zip	
Warren	RI	02885	'		•	
8. REGISTERED AGENT IN F						
· · · · · · · · · · · · · · · · · · ·			tary of State. Changes require fit	ing Form 641		
This report must be signed by or Trustee	either the Presia	lent, Mc -Prediden Se	tary of State. Changes require fil acretary, Assistant Secretary, Treas	surer, duly Authorized	Representative, Receive	
		MAY 0 4 2015	Under penalty of perju	rv. I declare and affir	m that I have examine	
File Date	BY	184KH	this report, including any accompanying schedules and statement and that all statements contained herein are true and correct.			
Check No	<u> </u>		- Int	4	4/28/1.	
Ву:			Signature of Officer or A	uthorized Representa	tive Date	
FOR SECRETARY OF STA	TE USE ONLY		John G. Rego,	Treasurer		
Form No. 631			Print or Type Name of O	Print or Type Name of Officer or Authorized Representative		

Revised: 04/2014