RI SOS Filing Number: 201600988330 Date: 06/23/2016 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
26095	THE LADIES AUXILIARY OF THE BRISTOL FIRE DEPARTMENT
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	SUPPORT FIREFIGHTERS, SCHOLARSHIP PROGRAMS, COMMUNITY SERVICE

5. Principal Office Address	City	State	Zip
4 ANNAWAMSCUTT DRIVE	BRISTOL	RI	02809

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name MELANIE WOLFE			Vice-President Name JENNIFER MANCIERI		
Street Address 1 SOUTH LANE			Street Address 14 BROADCOMMON ROAD		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name ANGELA MACHADEO			Treasurer Name DIANE SOUSA		
Street Address 91 DEWOLF AVENUE			Street Address 6 RIVERVIEW AVENUE		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name CHARLENE GRIMO			Director Name BARBRA LUTHER		
Street Address 31 RIVER STREET			Street Address 905 HOPE STREET		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name CLAIRE ANDRADE			Director Name		
Street Address 1 CHESTNUT STREET			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
MELANIE WOLFE	6/18/2016

Signature of Officer/Authorized Representative

Melanie B. Wolfe SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
JUN 23 2016
BY 1520

FORM 631 - Revised: 05/2016