

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation



2016

PLUGIVED

SECRETARY OF STAT
CORPORATIONS DIV

2016 JUN 29 AM 10: 38

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

 \longrightarrow Penalty: Additional \$25.00 fee if form is not filed by July 30.

								
1. Entity ID Number	2. Exact name of the Corporation							
108781	The	Bristol 7	<u>ree</u>	Society				
State of Incorporation	4. Brief descr	iption of the chara	cter of t	usiness conducte	d in Rho	de Island		
Rhode Island	For tree	s en educationa 2 Alantina d	educa educa	letter each tional tree	year	along with	providing funds	
5. Principal Office Address		1	City		J	State	Zip	
39 R State St	·		1	3risto[RI	02809	
6. List ALL officers (names and addresses) Check the box to indicate an attachment								
President Name Bob Aruda			Vice-President Name Raymond Payson					
Street Address 159 High St			Street Address					
034		Zip 0	City	131 ten	y Rd	Tac		
Bristol Bristol	State	202809	City	Bristol		State	Zip 02809	
Secretary Name			Treas	Tason baselle	<u> </u>	1	0.8001	
Street Address			Street Address 39 R State St					
City	State	Zip	City	Bristol	<u> </u>	State	Zip OQ809	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors								
Bill Chittick				Check the box to indicate an attachment				
Director Name			Directo	Director Name Carol Garford				
Street Address 48 Church St			Street Address 1081 Hope St					
City R	State RI	Zip 228/19	City	Bristol	-190	State RI	Zip 02809	
Director Name Bart Fornis			Directo	r Name			1 0001	
Street Address 14a Hick St			Street Address					
City Bristo!	State	Zip 09809	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 Secr								
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								
. #						Date	, ,	
Signature of Officer/Authorized Representative						6/	29/16	
SIGN DOCUMENT HERE								
110								

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 29 2016 A.A.

FORM 631 - Revised: 05/2016