RI SOS Filing Number: 201603350530 Date: 08/10/2016 10:28 AM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2015
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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2016 AUG -1 AM 11:46

1. Entity ID Number	2. Exact name of the Corporation			
84379	Bristol Statehouse Foundation			
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island			
RI	TO PRESERVE AND MAINTAIN THE STATE-OWNED BRISTOL COUNTY STATEHOUSE			
5. Principal Office Address		City	State	Zip
240 HIGH STREET		BRISTOL	RI	02809

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

President Name CHRIS LOWIS			Vice-President Name KEVIN JORDAN		
Street Address 87 HIGHLAND ROAD			Street Address 221 HOPE STREET, UNIT 10		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name MERRITT MEYER			Treasurer Name STEVEN SERENSKA		
Street Address 64 High Street			Street Address High Street		
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 MERRITT MEYER			Director Name STEVEN SERENSKA		
Street Address 64 High Street			Street Address 18 High Street		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name CHRIS LOWIS			Director Name KEVIN JORDAN		
Street Address 87 HIGHLAND ROAD			Street Address 221 HOPE STREET, UNIT 10		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809

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
Steven J. Serenska	7/23/2016

Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

2016 AUG 10 A 10:27
SECRETARY OF STATE
CORPORATIONS DIV

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
AUG 10 2016
BY 280958

FORM 631 - Revised: 05/2016

140688-4-1134206

10 28