

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2106

**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.

Entity ID Number	2. Exact name of the Corporation					
312895	Bristol Cou	Bristol County Chorus				
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island					
Ri	The Teach	The Teaching and Perpetuating of Music in all its forms and Genre By public				
5. Principal Office Address			City	State	Zip	
Joan Roth			Bristol	RI	02809	
6. List ALL officers (names and	addresses)			Check the box to i	ndicate an attachment	
President Name Joan Roth			Vice-President Name David Harrington			
Street Address 10 Fairview Drive			Street Address 19 Congregational Street			
<sup>City</sup> Bristol	State RI	Zip <b>02809</b>	City Bristol	State RI	<sup>Zip</sup> 02809	
Secretary Name Madeline Grimo			Treasurer Name Ronald Armillotto			
Street Address 9 Dreadnaught Ave			Street Address 24 Rosevelt Drive			
<sup>City</sup> Bristol	State RI	Zip 02809	City Bristol	State RI	<sup>Zip</sup> 02809	
7. List ALL directors (names and	d addresses). R	l Corporations MI	UST list at least THREE dire		o indicate an attachment	
Director Name Joan Roth			Director Name David Harrington			
Street Address 10 Fairview Drive			Street Address 19 Congregational Street			
<sup>City</sup> Bristol	State RI	<sup>Zip</sup> 02809	City Bristol	State RI	<sup>Zip</sup> <b>02809</b>	
Director Name Paul Knarr			Director Name Mary Hanchar			
Street Address 1 Attatosh Way			Street Address 25 Frederick Drive			
City Westport	State MA	<sup>Zip</sup> 02790	City Barrington	State RI	<sup>Zip</sup> 02806	
8. Registered Agent in Rhode Is	land. This inform	ation is currently of	record in the Department of Sta	ite. Changes require filing	Form 641.	
Under penalty of perjury, I dec statements, and that all staten	lare and affirm	that I have exam d herein are true	mined this report, including	g any accompanying	schedules and	
This report must be signed by either the F				prized Representative, Recei	ver or Trustee.	
Name of Officer/Authorized Representative				Date	·   _ · · · · · · · · · · · · · · · · ·	
Joan Roth				12/11/16	12/11/16	
Signature of Officer/Authorized R	epresentative			1		
12.CG.	1 lake					

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MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 162016

FORM 631 - Revised: 05/2016

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

Annual Report for the year 2016 Non-Profit Corporation

Bristol County Chorus P O Box 928, Bristol Ri 02809

ID Number - 312895

7. Supplement to Directors:

Lindsey Gilbert - 8 Anderson Drive, Barrington, RI 02806 (Officers as listed)

Jank Kath

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