



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

**Annual Report for the year: 2017**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**  
**JAN 20 2017**  
 BY 11785

1. Entity ID Number <b>70874</b>		2. Exact name of the Corporation <b>The Bristol Workshops in Photography, Ltd.</b>			
3. Principal Office Address <b>446A Thames Street</b>			City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
4. NAICS Code <b>71 - Arts, Entertainment, and Re</b>		6. Brief description of the character of business conducted in Rhode Island <b>Photographic services and art-related services.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Stephan H. Brigidi</b>			Vice-President Name <b>Julia E. Brigidi</b>		
Street Address <b>446A Thames Street</b>			Street Address <b>446A Thames Street</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>Stephan H. Brigidi</b>			Treasurer Name <b>Julia E. Brigidi</b>		
Street Address <b>446A Thames Street</b>			Street Address <b>446A Thames Street</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Stephan H. Brigidi</b>			Director Name <b>Julia E. Brigidi</b>		
Street Address <b>446A Thames Street</b>			Street Address <b>446A Thames Street</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address <b>None</b>			Street Address <b>None</b>		
City <b>None</b>	State <b>None</b>	Zip <b>None</b>	City <b>None</b>	State <b>None</b>	Zip <b>None</b>
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES                      CLASS/SERIES                      PAR VALUE		
			<b>100</b>	<b>N/A</b>	<b>No Par Value</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
<b>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.</b>					
Name of Authorized Representative <b>Stephan H. Brigidi</b>					Date
Signature of Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov