RI SOS Filing Number: 201744876900 Date: 6/5/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

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
45138	**Battery B First Rhode Island Light Artillery, Inc.**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Living History, educational programs preserving RI Civil War history**
4. NAICS Code: **813990 - Other Similar Or**	

6. Principal Office Address	City	State	Zip
91A Mt Hygeia Road	**Fostoer**	**RI**	**02825**

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

President Name **Phil DiMaria**			Vice-President Name **John Jones**		
Street Address **91A Mt Hygeia Road**			Street Address **1091 Snakehill Road**		
City **Foster**	State **RI**	Zip **02825**	City **No. Scituate**	State **RI**	Zip **02837**
Secretary Name **Barbara Laird**			Treasurer Name **Robert C. Bromley**		
Street Address **72 East Shore Road**			Street Address **33 Upton Street**		
City **Exeter**	State **RI**	Zip **02822**	City **New Bedford**	State **MA**	Zip **02746**

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

Director Name **Paula Berard**			Director Name **Raymond F. Pedro, Jr.**		
Street Address **209 Avenue C**			Street Address **28 Main Street**		
City **Woonsocket**	State **RI**	Zip **02895**	City **Westerly**	State **RI**	Zip **02891**
Director Name **Geraldine Burgess**			Director Name		
Street Address **99 Allen Street #110**			Street Address		
City **Woonsocket**	State **RI**	Zip **02895**	City	State	Zip

9. 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
Robert C. Bromley	**June 1, 2017**

Signature of Officer/Authorized Representative: Robert C. Bromley

FILED
JUN 05 2017
BY 20005

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

FORM 631 - Revised: 05/2017