_		_	•	
/	7	7	١١	
l	2	Ļ	۱,	
1	_	•	"	

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
- oul \$25.00 fee if form is not filed by July 30.

Penalty. Additional \$25,00 fee i	TOTALIS NOT IIIEG	i 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	5. Brief desc	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Living Hist	Living History, educational programs preserving RI Civil War history						
4. NAICS Code	1							
813990 - Other Similar Or	ĺ							
6. Principal Office Address			City	State	Zip			
91A Mt Hygeia Road			Fostoer	RI	02825			
7. List ALL officers (names and ad	dresses)		Check the box to indicate an attachment					
President Name Phil DiMaria			Vice-President Name John Jones					
Street Address 91A Mt Hygeia R	oad		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 a	ddresses). RI C	Corporations MUST	list at least THREE directors,	Check the box to indica	ate 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 Burge	58		Director Name					
Street Address 99 Allen Street #1	110		Street Address					
City Woonsocket	State RI	^{Zip} 02895	City	State	Zip			
9. Registered Agent in Rhode Islan	nd. This informati	on is currently of recor	d in the Department of State. Cha	nges require filing Form 64	1.			
Under penalty of perjury, I decla statements, and that all stateme				accompanying schedu	les and			
This report must be signed by either the Pres	sident, Vice-Preside	nt, Secretary, Assistant S	ecretary, Treasurer, duly Authorized Re	presentative, Receiver or Trus	tee.			
Name of Officer/Authorized Repres	sentative		Date					
Robert C. Bromley				June 1, 2017	'			
Signature of Officer/Authorized Rep			FILFD		-			
1 7000 / 01 0000								

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 0 5 2017