



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

148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

**Non-Profit Corporation Annual Report for the year: 2017**

Filing period: June 1 - June 30

Filing Fee: \$20.00 \*FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

|  |                 |   |                     |                        |                  |
|--|-----------------|---|---------------------|------------------------|------------------|
| 1. Entity ID Number  |                 | 2. Exact name of the Corporation  |                     |                        |                  |
| 1336043  |                 | Mt. Hope High School, Bristol High School, and Warren High School Alumni Associ |                     |                        |                  |
| 3. State of Incorporation  |                 | 4. Brief description of the character of business conducted in Rhode Island     |                     |                        |                  |
| RI   |                 | charitable and educational purposes   |                     |                        |                  |
| 5. Principal Office Address  |                 | City  | State               | Zip                    |                  |
| 151 State Street   |                 | Bristol   | RI                  | 02809                  |                  |
| 6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |                     |                        |                  |
| President Name <b>Mary Almeida</b>   |                 | Vice-President Name <b>Kristina Lynch</b>                                       |                     |                        |                  |
| Street Address <b>151 State Street</b>   |                 | Street Address <b>151 State 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   |                 | Treasurer Name  |                     |                        |                  |
| Street Address   |                 | Street Address  |                     |                        |                  |
| City   | State           | Zip   | City                | State                  | Zip              |
| 7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |   |                     |                        |                  |
| Director Name <b>Mario Andrade</b>   |                 | Director Name <b>Pauline Silva</b>  |                     |                        |                  |
| Street Address <b>151 State Street</b>   |                 | Street Address <b>151 State 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>Mary Almeida</b>  |                 | Director Name   |                     |                        |                  |
| Street Address <b>151 State Street</b>   |                 | Street Address  |                     |                        |                  |
| City <b>Bristol</b>  | State <b>RI</b> | Zip <b>02809</b>  | City                | State                  | Zip              |
| 8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.  |                 |   |                     |                        |                  |
| <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>        |                 |   |                     |                        |                  |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>   |                 |   |                     |                        |                  |
| Name of Officer/Authorized Representative<br><b>Andrew Henneous</b>  |                 |   |                     | Date<br><b>6-20-17</b> |                  |
| Signature of Officer/Authorized Representative<br>   |                 |   |                     | SIGN DOCUMENT HERE     |                  |

**FILED**

JUN 23 2017

BY

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