



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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mary Almeida			Vice-President Name Kristina Lynch		
Street Address 151 State Street			Street Address 151 State Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Mario Andrade			Director Name Pauline Silva		
Street Address 151 State Street			Street Address 151 State Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Mary Almeida			Director Name		
Street Address 151 State Street			Street Address		
City Bristol	State RI	Zip 02809	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.					
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.					
<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				Date	
Andrew Henneous				6-20-17	
Signature of Officer/Authorized Representative					
SIGN DOCUMENT HERE					

FILED

JUN 23 2017

BY

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