



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

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Annual Report for the year:

Non-Profit Corporation

2017

→ 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 108781		2. Exact name of the Corporation The Bristol Tree Society	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Publishes an educational newsletter each year along with providing funds for tree planting & educational tree guides	
4. NAICS Code 813312			
6. Principal Office Address 39 R State St		City Bristol	State RI
		Zip 02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Bob Aruda		Vice-President Name Raymond Payson	
Street Address 159 High St		Street Address 131 Ferry Rd	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Secretary Name		Treasurer Name Jason Lavelle	
Street Address		Street Address 39 R State St	
City	State	City Bristol	State RI
Zip		Zip 02809	
8. 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 Bill Clittick		Director Name Carol Gafford	
Street Address 48 Church St		Street Address 1081 Hope St	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Director Name Bart Ferris		Director Name	
Street Address 142 High St		Street Address	
City Bristol	State RI	City	State
Zip 02809		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 Jason Lavelle / Treasurer		Date 6/27/17	
Signature of Officer/Authorized Representative <i>Jason Lavelle</i>		FILED JUN 27 2017 BY 4307024 2:24	

MAIL TO:
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