RI SOS Filing Number: 201746827630 Date: 6/29/2017 4:00:00 PM

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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						
113190	Bristol Train	of Artillery Arm	nory/Museum				
3. State of Incorporation	5. Brief descripti	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	To maintain a	and operate the	Bristol Train of Artillery/Muse	eaum			
4. NAICS Code	1						
813910 - Business Associati							
6. Principal Office Address			City	State	Zip		
443 Hope Street			Bristol	RI	02809		
7. List ALL officers (names and add	dresses)			ne box to indicate a	n attachment		
President Name Raymond Murray	y		Vice-President Name Roy Leffingwell				
Street Address 20 Birchwood Road			Street Address 4 Massasoit Avenue				
City Bristol	State RI	Zip <b>02809</b>	City Bristol	State RI	<sup>Zip</sup> <b>02809</b>		
Secretary Name Carol Belisle		I	Treasurer Name Michael Dutra				
Street Address 488 Elm Street Ea	Street Address 488 Elm Street East		Street Address 17 Narrows Road				
<sup>Cíty</sup> Raynham	State MA	Zip 02767	City Bristol	State RI	<sup>Zip</sup> 02809		
8. List ALL directors (names and ac	idresses). RI Corp	oorations MUST lis		eck the box to indicate	e an attachment		
Director Name Bruce Ayres			Director Name Peter Ferreira				
Street Address 18 Mt. Hope Avenue			Street Address 331 State Street				
<sup>City</sup> Bristol	State RI	<sup>Zip</sup> 02809	City Bristol	State RI	Zip <b>02809</b>		
Director Name Richard Reynolds			Director Name Kieran Carroll				
Street Address 26 Fried Avenue			Street Address 25 Opechee Drive				
City Bristol	State RI	<sup>Zip</sup> 02809	City Bristol	State RI	<sup>Zip</sup> 02809		
9. Registered Agent in Rhode Islan	d. This information is	s currently of record	in the Department of State. Changes re	quire filing Form 641.			
Under penalty of perjury, I declar statements, and that all statemen				panying schedule	es and		
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				
MAYMOND 13 MURRAY 201201.02			12				
Signature of Officer Authorized Representative SIGN DOCUMENT HERELED							
IIIN 2 0 2017							

MAIL TO: /

Division of Business Services

148 W. Rive Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov