



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 113190		2. Exact name of the Corporation Bristol Train of Artillery Armory/Museum			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To maintain and operate the Bristol Train of Artillery/Museum			
4. NAICS Code 813910 - Business Associat					
6. Principal Office Address 443 Hope Street			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 Raymond Murray			Vice-President Name Roy Leffingwell		
Street Address 20 Birchwood Road			Street Address 4 Massasoit Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Carol Belisle			Treasurer Name Michael Dutra		
Street Address 488 Elm Street East			Street Address 17 Narrows Road		
City Raynham	State MA	Zip 02767	City Bristol	State RI	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 Bruce Ayres			Director Name Peter Ferreira		
Street Address 18 Mt. Hope Avenue			Street Address 331 State Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Richard Reynolds			Director Name Kieran Carroll		
Street Address 26 Fried Avenue			Street Address 25 Opechee Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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.					
<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 RAYMOND B MURRAY					Date 2017.06.02
Signature of Officer/Authorized Representative 					FILED SIGN DOCUMENT HERE JUN 29 2017 BY 5726 DS