RI SOS Filing Number: 201755296100 Date: 12/22/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

DEC 2 2 2017

BY 11933

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number	12 Exact name	of the Corporation						
70874	The Bristol Workshops in Photography, Ltd.							
3. Principal Office Address	City		State	I	Zip			
446A Thames Street			Bristol		RI	1	02809	
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island							
541921	Photographic services and art-related services.							
5. State of Incorporation	1							
Rhode Island								
7. List ALL officers (names and add	dresses)			Check t	he box to in	ndicate ar	n attachment 🗀	
President Name Stephan H. Brigidi	Vice-President Name Julia E. Brigidi							
Street Address 446A Thames Street	Street Address 446A Thames Street							
City Bristol	State RI	^{Zip} 02809	City Bristol		State RI	ľ	^{Zip} 02809	
Secretary Name Stephan H. Brigidi			Treasurer Name Julia E. Brigidi					
Street Address 446A Thames Street			Street Address 446A Thames Street					
City Bristol	Slate RI	^{Zip} 02809	City Bristol		State RI		^{Žip} 02809 ¹	
8. List ALL directors (names and ac	ddresses)	1			he box to ir	ndicate ar	n attachment 🔲	
Director Name Stephan H. Brigidi			Director Name Julia E. Brigidí					
Street Address 446A Thames Street			Street Address 446A Thames Street					
City Bristol	State RI	^{Zip} 02809	City Bristol	· -	State RI	ľ	^{Zip} 02809	
Director Name None	Director Name None							
Street Address None			Street Address None					
City None	State None	Zip None	City None	· · · · · · · · · · · · · · · · · · ·	State No	ne	Zip None	
9. Shares Authorized This Information is currently of record in the Department of State. Changes require an additional filling.		10. Shares Issued		Check the box to indicate an attachment CLASS/SERIES PAR VALUE				
		100	SHARES	N/A			No Par Value	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or								
trustee, this report must be executed on behalf of the corporation by the receiver or trustee.								
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.								
Name of Authorized Representative Date / /								
Stephan H. Brigidi								
Signature of Authorized Representative SIGN DOCUMENT HERE								

MAIL TO:

Division of Business Services

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

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