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

FILED
FEB 14 2018
BY 314336

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
27431	Fourth of July Chief Marshals Association of Bristol
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Assist with 4th of July Celebration and Chief Marshal
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
PO BOX 1136	Bristol	RI	02809

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Mickie MacNeill	Donna Marshall
Street Address: 29 Arthur Ave. #18	Street Address: 2 Marshall Ct
City: East Providence; State: RI; Zip: 02914	City: Bristol; State: RI; Zip: 02809
Secretary Name: Regina Campbell	Treasurer Name: Dryann Lima
Street Address: 15 Sousa St.	Street Address: 73 Franklin St.
City: Bristol; State: RI; Zip: 02809	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 ☐

Director Name	Director Name
Mickie MacNeill	Donna Marshall
Street Address: Same	Street Address: Same
City; State; Zip	City; State; Zip
Director Name: Regina Campbell	Director Name: Dryann Lima
Street Address: Same	Street Address: Same
City; State; Zip	City; State; 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	Date
Dryann Lima	2/12/18

Signature of Officer/Authorized Representative: Dryann Lima
SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov