RI SOS Filing Number: 201867623810 Date: 5/29/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:
Non-Profit Corporation

2018

- → Filing period: June 1 June 30
- → Filing Fee \$20 00
- -> Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED	
MAY 2 9 2018	
BY 7 TUZU	

1. Entity ID Number <b>27686</b>	2. Exact name of <b>Bristol</b>	•	Builders Ass	ociation	1		
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	The construction of houses for educational purposes						
4. NAICS Code	]						
611110 - El							
6 Principal Office Address			City		State	Žip	
443 Hope Street			Bristol		Rí	02809	
7 List ALL officers (names and add	dresses)			Chec	k the box to indica	te an attachment	
President Name Kevin M. Francis			Vice-President Name David J. Prenda				
Street Address 115 Tupelo Street			Street Address 10 Primrose Road				
City Bristol	State RI	Z <sub>I</sub> p 02809	City Bristol		State RI	Z <sub>1</sub> p 02809	
Secretary Name James P. Tavares	3	<u> </u>	Treasurer Name Kevin M. Francis				
Street Address 2 Kyalin Avenue			Street Address 115 Tupelo Street				
City Warren	State RI	Zip 02885	City Bristol		State RI	Zip 02809	
8. List ALL directors (names and ad	ddresses) RI Corp	orations MUST lis	t at least THREE dire		k the box to indica	te an attachment	
Director Name Kevin M. Francis			Director Name David J. Prenda				
Street Address 115 Tupelo Street			Street Address 10 Primrose Road				
City Bristol	State RI	<sup>Zip</sup> 02809	City Bristol		State RI	Zip 02809	
Director Name James P. Tavares		-	Director Name Christopher V. Francis				
Street Address 2 Kyalin Avenue			Street Address 102 Kickemuit Avenue				
City Warren	State RI	<sup>Zıp</sup> 02885	<sup>City</sup> Bristol		State RI	Zip 02809	
9. Registered Agent in Rhode Islan	id. This information i	s currently of record	in the Department of Sta	ite. Changes reqi	uire filing Form 64		
Under penalty of perjury, I decia statements, and that all stateme			•	g any accomp	anying schedu	les and	
This report must be signed by either the Pre-	sident, Vice-President, S	Secretary, Assistant Sec	cretary, Treasurer, duly Autho	onzed Representati	ve, Receiver or Trust	ce	
Name of Officer/Authorized Repres Kevin M. Francis	sentative				Date 5 /2	1/18	
Signature of Officer/Authorized Rep	resentative	SIGN DOCU	MENT 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