RI SOS Filing Number: 201867916110 Date: 5/31/2018 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.

							-				
Entity ID Number	2 Exact name of the Corporation										
312895	Bristol County Chorus										
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island										
Rhode Island	The teaching, performing and perform				ating of	choral music in all f	orms a	ind genre l	by a (	public non-	
4. NAICS Code 7//3/0											
6. Principal Office Address				City			State		Zip		
P.O. Box 928				Bristol			RI		02809		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment											
President Name Joan Roth				Vice-President Name David Harrington							
Street Address 10 Fairview Drive	10 Fairview Drive				Street Address 10 Pickett Road						
City Bristol	State RI	Zıp	02809	City	East Pro	vidence	State	RI	Zıp	02914	
Secretary Name Mary Hanchar	Mary Hanchar				Treasurer Name Ronald Armillotto						
Street Address 25 Frederick Drive				Street Address 24 Roosevelt Drive							
City Barrington	State RI	Zip	02806	City	Bristol		State	RI <sub>, fi</sub> ,	Zip	02809	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.											
Director Name					Check the box to indicate an attachment U						
Director Name Joan Roth				David Harrington							
Street Address 10 Fairview Drive				Street Address 10 Pickett Road							
City Bristol	State RI	Zιρ	02809	City	East Pro	vidence	State	RI	Zip	02914	
Director Name Mary Hanchar	Mary Hanchar				Director Name Ronald Armillotto						
Street Address 25 Frederick Drive				Street Address 24 Roosevelt Drive							
City Barrington	State RI	Zip	02806	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.											
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authonzed Representative, Receiver or Trustee											
Name of Officer/Authorized Representative							Date				
Ronald Armillotto, Treasurer312895							May 27, 2018				
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE  SIGN DOCUMENT HERE										r su akivi i	

MAIL TO:

Division of Business Services

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

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

FQRM-631 - Revised: 11/2017