



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

Annual Report for the year: **2018**
 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 312895		2. Exact name of the Corporation Bristol County Chorus	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The teaching, performing and perpetuating of choral music in all forms and genre by a public non-profit organization.	
4. NAICS Code 711310			
6. Principal Office Address P.O. Box 928		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 Joan Roth		Vice-President Name David Harrington	
Street Address 10 Fairview Drive		Street Address 10 Pickett Road	
City Bristol	State RI	City East Providence	State RI
Zip 02809		Zip 02914	
Secretary Name Mary Hanchar		Treasurer Name Ronald Armillotto	
Street Address 25 Frederick Drive		Street Address 24 Roosevelt Drive	
City Barrington	State RI	City Bristol	State RI
Zip 02806		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 Joan Roth		Director Name David Harrington	
Street Address 10 Fairview Drive		Street Address 10 Pickett Road	
City Bristol	State RI	City East Providence	State RI
Zip 02809		Zip 02914	
Director Name Mary Hanchar		Director Name Ronald Armillotto	
Street Address 25 Frederick Drive		Street Address 24 Roosevelt Drive	
City Barrington	State RI	City Bristol	State RI
Zip 02806		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 Ronald Armillotto, Treasurer 312895			Date May 27, 2018
Signature of Officer/Authorized Representative <i>Ronald Armillotto, Treasurer</i>			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

FILED

MAY 31 2018

FORM-631 - Revised: 11/2017

BY 37705