



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000849346

**2. Name of Corporation** BRISTOL ROTARY CHARITIES FOUNDATION

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813211

**4. Corporate Address in Rhode Island**

No. and Street: P.O.BOX 469  
City or Town: BRISTOL State: RI Zip: 02809 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

CHARITABLE ACTIVITIES, SPECIFICALLY BUT NOT LIMITED TO HELPING AND FEEDING THE POOR, SUPPORTING LOCAL EDUCATION PROGRAMS, ASSISTING THE ELDERLY AND INCAPACITATED AND, IN GENERAL, FOCUSING ON A VARIETY OF CHARITABLE PROGRAMS FOR THE TOWN OF BRISTOL

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	BRUCE H. COX	35 SUNSET DRIVE TIVERTON , RI 01878 USA
TREASURER	JACQUES O. DE LABRY	353 SPINNAKER LANE BRISTOL, RI 02809 USA
SECRETARY	SCOTT PICKERING	70 BYRON AVE RUMFORD, RI 02916 USA
VICE PRESIDENT	CHRISTOPHER W. WOODARD	10 KATIE DR. WARREN, RI 02885 USA
DIRECTOR	MICHELLE HUGHES	654 METACOM AVE WARREN, RI 02885 USA
DIRECTOR	MARY JO FIDALGO-TAVARES	17 JESSICA DRIVE BRISTOL, RI 02809 USA
DIRECTOR	SCOTT PICKERING	70 BYRON AVE. RUMFORD, RI 02916 USA
DIRECTOR	BRUCE COX	35 SUNSET DRIVE TIVERTON, RI 01878 USA
DIRECTOR	CHRISTOPHER WOODARD	10 KATIE DRIVE WARREN, RI 02885 USA
DIRECTOR	JACQUES DELABRY	353 SPINAKER DRIVE BRISTOL, RI 02809 USA
DIRECTOR	ANGELA CABRAL	11 SANDY RD BRISTOL, RI 02809 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

FERDINAND A. BRUNO 200 FERRY ROAD BRISTOL , RI 02809

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

*Signed this 5 Day of June, 2018 at 1:19:55 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JACQUES DE LABRY - TREASURER  
Signature of Authorized Person

