RI SOS Filing Number: 201868837180 Date: 6/7/2018 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

Entity ID Number	2. Exact name	e of the Corporation	<u> </u>			
113190	Bristol Train of Artillery Armory/Museum					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island						
4 NAICS Code	To maintain and operate the Bristol Train of Artillery Armory/Museum					
813910 - Business Association]					
6. Principal Office Address	1		City	State	Zıp	
443 Hope Street			Bristol	RI	02809	
7. List ALL officers (names and ad	dresses)		_	Check the box to indi	cate an attachment	
President Name Raymond Murray			Vice-President Name Roy Leffingwell			
Street Address 20 Birchwood Road			Street Address 4 Massasoit Avenue			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809	
Secretary Name Carol Belisle	·		Treasurer Name Michael Dutra			
Street Address 488 Elm Street East			Street Address 17 Narrows Road			
City Raynham	State MA	Zip 02767	City Bristol	State RI	Zip 02809	
8. List ALL directors (names and a	ddresses). RI C	orporations MUST	list at least THREE directors		cate an attachment	
Director Name Bruce Ayres			Check the box to indicate an attachment I Director Name Peter Ferreira			
Street Address 18 Mt. Hope Ave.			Street Address 331 State Street			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809	
Director Name Richard Reynolds	1		Director Name Kieran Ca	nrroll		
Street Address 26 Fried Avenue			Street Address 25 Opechee Drive			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809	
9 Registered Agent in Rhode Islan	nd. This informati	on is currently of reco	ord in the Department of State, C	hanges require filing Form 6	341	
Under penalty of perjury, I decla statements, and that all stateme				ny accompanying sched	lules and	
This report must be signed by either the Pre				Representative, Receiver or Tru	ustee.	
Name of Officer/Authorized Representative				Date		
Raymond B. Murray	(X)			May <u>/3</u> ,	2018	
Signature of Officer/Authorized Re	cresentative	/ 4		··		
	// 9	SICK DO	BUMENT HER.			
	//		- FILE			

Phone: (401) 222-3040 Website: www.sos.ri.gov 100 07 2018 10017 DS

FORM 631 - Revised: 11/2017