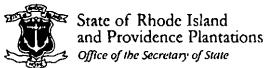
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A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

401.222.3040

Filing Period: June 1 - June 30 • Filing Fee: \$20.00° • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* 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

pennity jee of \$25.00.						
1. Corporate ID No	2. Name of Corporation					
000129589	Captain Tew's Company of Colonal Angell's Regiment					
3. State of Incorporation	4 Corporate address in Rhode Island - Street Address City			City	Zψ	
Rhode Island	86 Narragansett Ave. Jame			Jamestown	02835	
5. Foreign corporation. Enter principal office address			Cuy	State	과 SE	
	f the American Soldi	er before and during the	e Arerican Revolution. HENT)		RECE CRETAR ORPORAL	
President Name Andrew J. Fredricks			Vice President Name			
Street Address 487 New Bedford Rd.			Street Address		3. 7. S. I.	
City Rochester	State MA	<i>Σ</i> φ 02770	City	State	6 3	
Secretary Name Mary Lee Partington			David Martin			
Street Address PO Box 541			Sinvi Address 86 Narragansett Avenue			
City	State	74p	City	State	7.ф	
N. Scituate	RI	02857	Jamestown	RI	02836	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS						
THE NUMBER OF DIRECTO	ORS OF A DOMESTIC	C (RHODE ISLAND) C	ORPORATION <u>SHALL NOT B</u>	E LESS THAN THREE	(3). R.I.G.I. 7-6-23	
Director Nume			Director Name			
Andrew J. Fredricks			David Martin			
Street Address			Sinvi Address			
487 New Bedford Rd.			86 Narragansett Avenue			
Clty	Stau	Ζφ	City	State	7.tp	
Rochester	MA	02770	Jamestown	RI	02835	
Director Name			Director Name			
Mary Lee Partington						
Sirest Address			Sired Address			
PO Box 541						
City	State	7.lp	City	State	7.yp	
N. Scituate	RI	02857				
9. REGISTERED AGENT IN RHODE ISLAND						
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78						
TN: 10 10 10 10 10 10 10 10 10 10 10 10 10	1	b. D'd 1/' D'		T Date:		

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	0001295	89FILED		are and affirm that I have examined this ring schedules and statements, and that all
File Date	Dv/	JUN - 7 2018	statements contained berein are to	Date
Check No	<u> </u>	KU 202 200	David Martin	6/23/2017
Ry:	R SECRETARY OF STATE USE ONLY		Print or Type Name of Officer Treasurer Title of Officer	