



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 26278		2. Exact name of the Corporation The American Brass Band			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A concert band that performs live music concerts in RI and New England			
4. NAICS Code 813990 - Other Similar Organ. <input type="checkbox"/>					
6. Principal Office Address 667 Waterman Avenue		City East Providence	State RI	Zip 02914	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elizabeth Escalera			Vice-President Name Michael Audette		
Street Address 46D Glen Moade Drive			Street Address 7 Covington Ct.		
City Portsmouth	State RI	Zip 02871	City Westerly	State RI	Zip 02891
Secretary Name Nicholas Bradley			Treasurer Name Henry Morel		
Street Address 1808E Ministerial Road			Street Address 12 Colwell Drive		
City Wakefield	State RI	Zip 02879	City Cumberland	State RI	Zip 02864
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 Brian Cardany			Director Name Dalen Favali		
Street Address 9 Watson Drive			Street Address 906 Black Plain Road		
City Hope Valley	State RI	Zip 02832	City North Smithfield	State RI	Zip 02896
Director Name Kevin Kane			Director Name		
Street Address 6 Indian Run Trail			Street Address		
City Smithfield	State RI	Zip 02917	City	State	Zip
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 Henry P. Morel (Treasurer)				Date 6/14/2018	
Signature of Officer/Authorized Representative <i>Henry P. Morel</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov

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