



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 27724		2. Exact name of the Corporation Bristol Historical and Preservation Society			
3. State of Incorporation RI 813920		4. Brief description of the character of business conducted in Rhode Island To promote interest in historical research, preserve local history and educate public			
5. Principal office address 48 Court Street, P.O. Box 356			City Bristol	State RI	Zip 02809-0356
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Pamela J. Meyers Juan Mansoral			Vice-President Name Dory Skemp		
Street Address 1303 Hope St.			Street Address 20 Lyndon St.		
City Bristol	State RI	Zip 02809	City Warren	State RI	Zip 02885
Secretary Name Carol Gafford			Treasurer Name Cliff Morey		
Street Address 700 Metacomb Ave Apt 133			Street Address 7 Reservoir Ave.		
City Warren	State RI	Zip 02885	City Bristol	State RI	Zip 02809
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative

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JUL 02 2018

BY _____

3091 DS

President

**Juan Mariscal
1303 Hope Street
Bristol, RI 02809**

1st Vice President – Programs

**Dory Skemp
20 Lyndon St.
Warren, 02885**

2nd Vice-President, Membership

**Derry Riding
16 Sea Breeze Lane
Bristol, RI 02809**

Treasurer, Finance

**Cliff Morey
7 Reservoir Ave.
Bristol, RI 02809**

Secretary

**Carol Gafford
700 Metacom Ave., Apt.133
Warren, RI 02885**

Board Members/Term

**Margaret Caton
2020**

**88 Peck Avenue
Bristol, RI 02809-1517**

**Eric Hertfelder
2018**

**9 Howe Street
Bristol, RI 02809**

**Kevin Jordan
2019**

**221 Hope St., Unit 10
Bristol, RI 02809**

**Dan Manchester
2020**

**125 Peck Street
Bristol, RI 02809-1536**

**Scott McDowell
2019**

**31 Smith St
Bristol, RI 02809**

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James Mumma
2019

138 Hope St.
Bristol, RI 02809

Patsy Sanford
2020

868 Hope Street
Bristol, RI 02809

Dodie Tschirch
2020

68 Burton Street
Bristol, RI 02809

Theresa Woodmansee
2020

914 Hope Street
Bristol, RI 02809

Staff and contacts

Director
Catherine Zipf

32 Greylock Road
Bristol, RI 02809

Historian/Librarian
Rei Battcher

190 Wood St.
Bristol, RI 02809

Consultant
Heidi Benedict

11 Poppasquash Road
Bristol, RI 02809

Library Assistant
Clara Read

11 Noyes Avenue
Bristol, RI 02809

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