



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
 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.

FILED
 JUN 19 2019
 BY 3208

1. Entity ID Number <u>000027677</u>		2. Exact name of the Corporation <u>Bristol Children's Home</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>scholarships for Bristol students</u>			
4. NAICS Code <u>813211</u>					
6. Principal Office Address <u>29 Garfield Ave.</u>			City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>SUSAN C'Church</u>			Vice-President Name <u>PATRICIA Sanford</u>		
Street Address <u>29 Garfield Ave</u>			Street Address <u>868 Hope St.</u>		
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>
Secretary Name <u>Petty Gilbert</u>			Treasurer Name <u>SUSAN C'Church</u>		
Street Address <u>1030 Hope ST.</u>			Street Address		
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City	State	Zip
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 <u>Barbara Allen</u>			Director Name <u>Charlotte Burham</u>		
Street Address <u>103 Bradford St</u>			Street Address <u>33 Central St.</u>		
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>
Director Name <u>Carol Wardwell</u>			Director Name <u>Cynthia Fires</u>		
Street Address <u>38 Union St</u>			Street Address <u>19 Paine Ave</u>		
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <u>Susan C'Church</u>					Date <u>6/17/19</u>
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE					