



Department of State - Business Services Division

Annual Report for the year: **2019**
 Non-Profit Corporation

FILED

JUL 01 2019

BY 1099 OS

- 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 000084379		2. Exact name of the Corporation Bristol Statehouse Foundation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO PRESERVE AND MAINTAIN THE BRISTOL COUNTY STATEHOUSE			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 240 HIGH STREET			City BRISTOL	State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHRIS LOWIS			Vice-President Name KEVIN JORDAN		
Street Address 87 HIGHLAND ROAD			Street Address 221 HOPE STREET, UNIT 10		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name MERRITT MEYER			Treasurer Name STEVEN SERENSKA		
Street Address 64 High Street			Street Address 18 High Street		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name CHRIS LOWIS			Director Name KEVIN JORDAN		
Street Address 87 HIGHLAND ROAD			Street Address 221 HOPE STREET, UNIT 10		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Director Name MERRITT MEYER			Director Name STEVEN SERENSKA		
Street Address 64 High Street			Street Address 18 High Street		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
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 CHRIS LOWIS				Date 6/27/2019	
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE					

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. (Continued)

Director Name: MICHAEL RIELLY
Street Address: 21 SANDY LANE
City: BRISTOL
State: RI
Zip: 02809

Director Name: CATHERINE W. ZIPF
Street Address: 32 GREYLOCK ROAD
City: BRISTOL
State: RI
Zip: 02809

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