

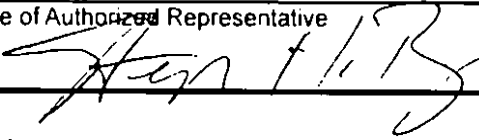


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
JAN 30 2020
STAMP
12256
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 70874		2. Exact name of the Corporation The Bristol Workshops in Photography, Ltd.			
3. Principal Office Address 446A Thames Street			City Bristol	State RI	Zip 02809
4. NAICS Code 541921		6. Brief description of the character of business conducted in Rhode Island Photographic services and art-related services.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephan H. Brigidi			Vice-President Name Julia E. Brigidi		
Street Address 446A Thames Street			Street Address 446A Thames Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Stephan H. Brigidi			Treasurer Name Julia E. Brigidi		
Street Address 446A Thames Street			Street Address 446A Thames Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Stephan H. Brigidi			Director Name Julia E. Brigidi		
Street Address 446A Thames Street			Street Address 446A Thames Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name None			Director Name None		
Street Address None			Street Address None		
City None	State None	Zip None	City None	State None	Zip None
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		N/A	No Par Value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative Stephan H. Brigidi				Date 1/28/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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