



## Department of State - Business Services Division

FILED

JUN 03 2020

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BY

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Annual Report for the year:

2020

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 000027431		2 Exact name of the Corporation Fourth of July Chief Marshals Association of Bristol	
3 State of Incorporation RI		5 Brief description of the character of business conducted in Rhode Island Assist Chief Marshal of 4 <sup>th</sup> of July Celebration	
4 NAICS Code 812990			
6 Principal Office Address PO Box 1136		City Bristol	State RI
		Zip 02809	
7 List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name Lisa Sienkiewicz		Vice-President Name Donna Marshall	
Street Address Pock Rock Rd. (PO Box 507)		Street Address 2 Marshall Ct.	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
Secretary Name Regina Campbell		Treasurer Name Oryann Lima	
Street Address 9 Sousa St.		Street Address 73 Franklin St.	
City Bristol	State RI	City Bristol	State RI
Zip 02809		Zip 02809	
8 List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name Lisa Sienkiewicz		Director Name Donna Marshall	
Street Address Same		Street Address Same	
City	State	City	State
Zip		Zip	
Director Name Regina Campbell		Director Name Oryann Lima	
Street Address Same		Street Address Same	
City	State	City	State
Zip		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.			
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 Oryann Lima			Date 6/1/2020
Signature of Officer/Authorized Representative Oryann Lima			

## MAIL TO:

Division of Business Services

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