



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

Annual Report for the year: 2020
 Non-Profit Corporation

FILED

JUN 23 2020

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY BASS DS

1. Entity ID Number <u>000082589</u>		2. Exact name of the Corporation <u>Bristol/Warren Education Association</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Labor Organization</u>			
4. NAICS Code <u>813930</u>					
6. Principal Office Address <u>17 Patricia Ann Drive</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 checked="" type="checkbox"/>
President Name <u>Michelle A.W. Da Silva</u>			Vice-President Name <u>Brian Chidester</u>		
Street Address <u>9 Marie Drive</u>			Street Address <u>775 Main Street</u>		
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>
Secretary Name <u>Dayna Achilli</u>			Treasurer Name <u>Thomas J. Del Santo Jr.</u>		
Street Address <u>25 Bullocks Point Ave Apt 5B</u>			Street Address <u>17 Patricia Ann Drive</u>		
City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>	City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>
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>Michelle A.W. Da Silva</u>			Director Name <u>Sarah Stringer</u>		
Street Address <u>9 Marie Drive</u>			Street Address <u>6 Rosaland Court</u>		
City <u>Bristol</u>	State <u>RI</u>	Zip <u>02809</u>	City <u>Riverside</u>	State <u>RI</u>	Zip <u>02915</u>
Director Name <u>Brian Chidester</u>			Director Name		
Street Address <u>775 Main Street</u>			Street Address		
City <u>Warren</u>	State <u>RI</u>	Zip <u>02885</u>	City	State	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <u>T.J. Del Santo</u>					Date <u>6/12/20</u>
Signature of Officer/Authorized Representative <u>T.J. Del Santo</u>					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

Attachment

Annual Report 2020

Co-President

Sarah Stringer

6 Rosaland Court

Riverside RI 02915

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BY _____

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