RI SOS Filing Number: 202197810080 Date: 6/4/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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.

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BUS SVCS DIV
2021 JUN -4 A 11:53

1. Entity ID Number	2. Exact name of the Corporation
000108781	The Bristol Tree Society
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Publishes an educational newsletter along with providing funds for tree planting & educational tree guides.
4. NAICS Code: 813312	

6. Principal Office Address	City	State	Zip
39 R State St	Bristol	RI	02809

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Bob Anda	Raymond Payson
Street Address: 159 High St	Street Address: 131 Ferry Rd
City: Bristol State: RI Zip: 02809	City: Bristol State: RI Zip: 02809
Secretary Name	**Treasurer Name**
Bill Chittick	Jason Lavelle
Street Address: 48 Church St	Street Address: 39 R State St.
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 ☐

Director Name	Director Name
Bart Ferris	Carol Gifford
Street Address: 142 High St	Street Address: 1081 Hope St.
City: Bristol State: RI Zip: 02809	City: Bristol State: RI Zip: 02809
Director Name: Bridget Lavelle	Director Name:
Street Address: 686 Hope St	Street Address:
City: Bristol State: RI Zip: 02809	City: State: Zip:

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
Jason Lavelle / Treasurer	6/4/21

Signature of Officer/Authorized Representative: J Lavelle

FILED
JUN 4 2021
BY KBHJN

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

FORM 631 - Revised: 08/2020