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.

FILED
JUN 16 2021
BY 1638

1. Entity ID Number	2. Exact name of the Corporation
000026095	The Ladies Auxiliary of the Bristol Fire Department
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Support Firefighter's, Scholarships, Community Service
4. NAICS Code: 624230 - Emergency and Othe	

6. Principal Office Address	City	State	Zip
72 Fales Road	Bristol	RI	02809

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

President Name: Jennifer Mancieri			Vice-President Name: Mary Martin		
Street Address: 14 Broadcommon Road			Street Address: 10 Saint Anna Avenue		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809
Secretary Name: Melanie Wolf			Treasurer Name: Diane Sousa		
Street Address: 1 South lane			Street Address: 6 Riverview Road		
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: Charlene Grimo			Director Name: Barbra Luther		
Street Address: 31 River Street			Street Address: 905 Hope Street		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809
Director Name: Claire Andrade			Director Name:		
Street Address: 1 Chestnut Street			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
Jennifer Mancieri	6/15/2021

Signature of Officer/Authorized Representative: Jennifer Mancieri

MAIL TO:
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Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020