



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000534319

2. Name of Corporation ACW Ancestor

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 19 BRIAR POINT AVENUE

City or Town: COVENTRY

State: RI

Zip: 02816

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

EDUCATIONAL, TO PROVIDE TO STUDENTS, EDUCATORS AND OTHERS DOCUMENTION AND DEMONSTRATIONS OF THE AMERICAN CIVIL WAR 1861 THROUGH 1865. TO ASSIST IN THE PRESERVATION OF ORIGINAL DOCUMENTS OF THE AMERICAN CIVIL WAR THROUGH DIGITIZATION AND/OR INTERNET ACCESS. TO LOCATE, COLLECT, DIGITIZE AND PROVIDE ACCESS TO THE PEOPLE OF THE UNITED STATES AS MANY OF THESE DOCUMENTS WHICH CAN BE FOUND WITHIN COLLECTIONS IN THE NATIONAL ARCHIVES, STATE ARCHIVES OR ANY ARCHIVES,

LIBRARIES OR PRIVATE COLLECTIONS THROUGHOUT THE WORLD, FOR WHATEVER REASON TO ALL. TO IMPROVE THE LEVEL OF HISTORICAL TRAINING IN THE UNITED STATES.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BRUCE DAVID FRAIL	19 BRIAR POINT AVE COVENTRY, RI 02816 USA
VICE PRESIDENT	ANNA LOUISE FRAIL	19 BRIAR POINT AVE COVENTRY, RI 02816 USA
SECRETARY/TREASURER	BENJAMIN JOSEPH FRAIL	19 BRAIR POINT AVE COVENTRY, RI 02816 USA
DIRECTOR	BRUCE DAVID FRAIL	19 BRIAR POINT AVE COVENTRY, RI 02816 USA
DIRECTOR	ANNA LOUISE FRAIL	19 BRIAR POINT AVE COVENTRY, RI 02816 USA
DIRECTOR	BENJAMIN JOSEPH FRAIL	19 BRIAR POINT AVE COVENTRY, RI 02816 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

BRUCE D. FRAIL 19 BRIAR POINT AVENUE COVENTRY , RI 02816

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 30 Day of June, 2021 at 3:01:48 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By BRUCE D. FRAIL
Signature of Authorized Person

Form No. 631
Revised 09/07