



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 26 2023

BY 1689

1. Entity ID Number 000026095		2. Exact name of the Corporation The Ladies Auxiliary of the Bristol Volunteer Fire Department			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Support Fire Fighters, provide Annual scholarship, provide Community Service to residents in need.			
4. NAICS Code 624230					
6. Principal Office Address 4 Annawamscutt Drive		City Bristol		State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jennifer Manceiri			Vice-President Name Kristina Tomkinson		
Street Address 14 Broadcommon Road			Street Address 2 Casey Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Jennifer Fortune			Treasurer Name Diane Sousa		
Street Address 2 Loveland Street			Street Address 6 Riverview Avenue		
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 <input type="checkbox"/>					
Director Name Charlene Grimo			Director Name Barbara Luther		
Street Address 31 River Street			Street Address 134 Caribou Way		
City Bristol	State RI	Zip 02809	City Tiverton	State RI	Zip 02878
Director Name Claire Andrade			Director Name		
Street Address 11 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 Jennifer Manceiri				Date 4/19/23	
Signature of Officer/Authorized Representative 					