



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

Annual Report for the year: 2023
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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 R.I. DEPT. OF STATE
 JUN 14 2023

2023 JUN 14 A 11:12

1. Entity ID Number 000129589		2. Exact name of the Corporation Captain Tew's Company of Colonal Angell's Regiment			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To teach the living history of the American Soldier before and during the American Revolution.			
4. NAICS Code 712110 - Military History Museum					
6. Principal Office Address 86 Narragansett Ave.		City Jamestown	State RI	Zip 02835	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Andrew J. Fredricks		Vice-President Name			
Street Address 487 New Bedford Rd.		Street Address			
City Rochester	State MA	Zip 02770	City	State	Zip
Secretary Name Glenn Siner		Treasurer Name David B. Martin			
Street Address 255 Snake Hill Rd.		Street Address 86 Narragansett Ave.			
City N. Scituate	State RI	Zip 02857	City Jamestown	State RI	Zip 02835
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 Andrew J. Fredricks		Director Name David B. Martin			
Street Address 487 New Bedford Rd.		Street Address 86 Narragansett Ave.			
City Rochester	State MA	Zip 02770	City Jamestown	State RI	Zip 02835
Director Name Glenn Siner		Director Name			
Street Address 255 Snake Hill Rd.		Street Address			
City N. Scituate	State RI	Zip 02857	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative David B. Martin				Date 06/13/2023	
Signature of Officer/Authorized Representative <i>David B. Martin - treasurer</i> FILED					

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

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