RI SOS Filing Number: 202452699760 Date: 4/23/2024 4:00:00 PM

State of Rhode Island  Department of State - Business Services Division				FILED		
Annual Report for the year:  Non-Profit Corporation  → Filing period: February 1 - May 1  → Filing Fee: \$20.00  → Penalty Additional \$25.00 fee if			APR 7 3	2021		
1 Entity ID Number 113190	Exact name of the Corporation     Bristol Train of Artillery Armory/Museum					
3. State of Incorporation Rhode Island 4 NAICS Code 813910	5 Brief description of the character of business conducted in Rhode Island To maintain and operate the Bristol Train of Artillery Armory/Museum					
6. Principal Office Address 443 Hope Street			City Bristol	State RI	Zip 02809	
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					tachment 🔲	
President Name Raymond B. Murray			Vice-President Name Roy Leffingwell			
Street Address 20 Birchwood Road			Street Address 4 Massasoit Avenue			
<sup>City</sup> Bristol	State RI	<sup>Zip</sup> 02809	City Bristol	State RI	<sup>Z<sub>ip</sub></sup> 02809	
Secretary Name Carol Belisle			Treasurer Name Michael Dutra			
Street Address 488 Elm Street East			Street Address 17 Narrows Road			
<sup>City</sup> Raynham	State MA	<sup>Zıp</sup> 02767	<sup>City</sup> Bristol	State RI	<sup>7ір</sup> 02809	
8. List ALL directors (names and addresses) RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.  Check the box to indicate an attachment						
Director Name Bruce Ayres			Director Name Peter Ferreira			
Street Address 18 Mt. Hope Avenue			Street Address 331 State Street			
City Bristol	State RI	<sup>Zip</sup> 02809	<sup>City</sup> Bristol	State RI	<sup>7</sup> / <sub>0</sub> 2809	
Director Name Richard Reynolds			Director Name Kieran Carroll			
Street Address 26 Fried Avenue			Street Address 25 Opechee Drive			
<sup>City</sup> Bristol	State RI	<sup>Zıp</sup> 02809	<sup>City</sup> Bristol	State RI	<sup>7</sup> 10 02809	
9 The Registered Agent information	n of record with th	e RI Department o	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  Michael Dutra, Treasurer				14/5/2024		
Signature of Officer/Authorized Representative  MAIL TO:						

**Division of Business Services** 

148 W River Street, Providence, Rhode Island 02904-2615 **Phone**: (401) 222-3040

Website: www.sos.ri.gov