



State of Rhode Island  
Department of State - Business Services Division

**FILED**

APR 23 2024

BY 1116

Annual Report for the year: 2024

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.

1. Entity ID Number 113190		2. Exact name of the Corporation Bristol Train of Artillery Armory/Museum			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To maintain and operate the Bristol Train of Artillery Armory/Museum			
4. NAICS Code 813910					
6. Principal Office Address 443 Hope Street			City Bristol	State RI	Zip 02809
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment					
President Name Raymond B. Murray			Vice-President Name Roy Leffingwell		
Street Address 20 Birchwood Road			Street Address 4 Massasoit Avenue		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Carol Belisle			Treasurer Name Michael Dutra		
Street Address 488 Elm Street East			Street Address 17 Narrows Road		
City Raynham	State MA	Zip 02767	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <input type="checkbox"/> 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	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Richard Reynolds			Director Name Kieran Carroll		
Street Address 26 Fried Avenue			Street Address 25 Opechee Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641					
<b>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.</b>					
<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 <b>Michael Dutra, Treasurer</b>					Date 4/5/2024
Signature of Officer/Authorized Representative 					

MAIL TO:  
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