State of Rhode Island
Department of State - Business Services Division

FILED
MAY 0 1 2024
BY

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	2. Exact name of the Corporation
001661868	Explore Bristol
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: A PUBLIC-PRIVATE ENTITY ORGANIZED TO ENHANCE THE ECONOMIC VITALITY OF BRISTOL, AND MAKE BRISTOL A BETTER PLACE TO VISIT, WORK AND LIVE
4. NAICS Code: 813910	

6. Principal Office Address	City	State	Zip
43 Bagy Wrinkle Cove	Warren	RI	02885

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Jeffrey Hirsch	Vice-President Name:
Street Address: 43 Bagy Wrinkle Cove	Street Address:
City: Warren / State: RI / Zip: 02885	City: / State: / Zip:
Secretary Name:	Treasurer Name:
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: Alayne White	Director Name: Brian Tavares
Street Address: 11 Constitution Street	Street Address: 474 Hope Street
City: Bristol / State: RI / Zip: 02809	City: Bristol / State: RI / Zip: 02809
Director Name: Jeffrey Hirsch	Director Name:
Street Address: 43 Bagy Wrinkle Cove	Street Address:
City: Warren / State: RI / Zip: 02885	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: **Jeffrey Hirsch**

Date: 4-28-2024

Signature of Officer/Authorized Representative:

MAIL TO:
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