



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

FILED

MAY 30 2024

BY [Signature]

1. Entity ID Number <u>000027431</u>		2. Exact name of the Corporation <u>Fourth of July Chief Marshals Association of Bristol</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Assist Chief Marshal for 4th of July Celebration</u>	
4. NAICS Code <u>812990</u>			
6. Principal Office Address <u>PO Box 1136</u>		City <u>BRISTOL</u>	State <u>RI</u>
		Zip <u>02809</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Lisa Sienkiewicz</u>		Vice-President Name <u>Donna Marshall</u>	
Street Address <u>1 Peck Rock Rd (PO Box 507)</u>		Street Address <u>2 Marshall Ct.</u>	
City <u>Bristol</u>	State <u>RI</u>	City <u>Bristol</u>	State <u>RI</u>
Zip <u>02809</u>		Zip <u>02809</u>	
Secretary Name <u>Regina Campbell</u>		Treasurer Name <u>Oryann Lima</u>	
Street Address <u>9 Sousa St.</u>		Street Address <u>73 Franklin St.</u>	
City <u>Bristol</u>	State <u>RI</u>	City <u>Bristol</u>	State <u>RI</u>
Zip <u>02809</u>		Zip <u>02809</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Lisa Sienkiewicz</u>		Director Name <u>Donna Marshall</u>	
Street Address <u>Same</u>		Street Address <u>Same</u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u>
Zip <u></u>		Zip <u></u>	
Director Name <u>Regina Campbell</u>		Director Name <u>Oryann Lima</u>	
Street Address <u>Same</u>		Street Address <u>Same</u>	
City <u></u>	State <u></u>	City <u></u>	State <u></u>
Zip <u></u>		Zip <u></u>	
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 <u>Oryann Lima</u>		Date <u>5/25/24</u>	
Signature of Officer/Authorized Representative <u>Oryann Lima</u>			

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

FORM 631 - Revised: 2/2023