



State of Rhode Island
Department of State - Business Services Division

FILED

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BY 134
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Annual Report for the year: 2025
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 <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 <input type="checkbox"/>					
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>	Zip <u>02809</u>	City <u>Bristol</u>	State <u>RI</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>	Zip <u>02809</u>	City <u>Bristol</u>	State <u>RI</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 <input type="checkbox"/>					
Director Name <u>Lisa Sienkiewicz</u>			Director Name <u>Donna Marshall</u>		
Street Address <u>Same</u>			Street Address <u>Same</u>		
City	State	Zip	City	State	Zip
Director Name <u>Regina Campbell</u>			Director Name <u>Oryann Lima</u>		
Street Address <u>Same</u>			Street Address <u>Same</u>		
City	State	Zip	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 <u>Oryann Lima</u>				Date <u>1/29/25</u>	
Signature of Officer/Authorized Representative <u>Oryann Lima</u>					

MAIL TO:
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