



**State of Rhode Island  
Department of State - Business Services Division**

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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 <b>000129589</b>		2. Exact name of the Corporation <b>CAPTAIN TEW'S COPANY OF COLONEL ANGELLS REGIMEN</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		5. Brief description of the character of business conducted in Rhode Island <b>LIVING HISTORY ASSOCIATION DEDICATED TO RECREATING THE LIFE AND TIMES OF THE COMMON SOLDIERS AND CAMP FOLLOWERS OF CAPT. TEW'S CO.</b>			
4. NAICS Code <b>712110</b>					
6. Principal Office Address <b>86 NARRAGANSETT AVE</b>			City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>ANDREW J FREDRICKS</b>			Vice-President Name		
Street Address <b>487 NEW BEDFORD ROAD</b>			Street Address		
City <b>ROCHESTERS</b>	State <b>MA</b>	Zip <b>02770</b>	City	State	Zip
Secretary Name <b>GLENN SINER</b>			Treasurer Name <b>DAVID B MARTIN</b>		
Street Address <b>255 SNAKE HILL ROAD</b>			Street Address <b>86 NARRAGANSETT AVE</b>		
City <b>N SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ANDREW FREDRICKS</b>			Director Name <b>DAVID B MARTIN</b>		
Street Address <b>487 NEW BEDFORD RD</b>			Street Address <b>48 NARRAGANSETT AVE</b>		
City <b>ROCHESTER</b>	State <b>MA</b>	Zip <b>02770</b>	City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02835</b>
Director Name <b>GLENN SINER</b>			Director Name		
Street Address <b>255 SNAKE HILL RD</b>			Street Address		
City <b>N SCITUATE</b>	State <b>RI</b>	Zip <b>02857</b>	City	State	Zip
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>DAVID B MARTIN</b>				Date <b>02-25-2025</b>	
Signature of Officer/Authorized Representative <i>David B Martin</i>				Date <b>FEB 25 2025</b>	

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