State of Rhode Island
Department of State - Business Services Division

FILED
FEB 24 2025
BY 1698

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	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: Jeffrey Hirsch			Director Name: Alayne White		
Street Address: 43 Bagy Wrinkle Cove			Street Address: 11 Constitution Street		
City: Warren	State: RI	Zip: 02885	City: Bristol	State: RI	Zip: 02809
Director Name: Brian Tavares			Director Name		
Street Address: 474 Hope Street			Street Address		
City: Bristol	State: RI	Zip: 02809	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	Date
Jeffrey Hirsch	2-1-2025

Signature of Officer/Authorized Representative: Jeffrey Hirsch

MAIL TO:
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