



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025:** 2025

**1. Corporate ID No.** 000312895

**2. Name of Corporation** Bristol County Chorus

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

711310

**4. Principal Office Address**

No. and Street: PO BOX 928

City or Town: BRISTOL

State: RI

Zip: 02809

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THE TEACHING AND PERPETUATING OF MUSIC IN ALL ITS FORMS AND GENRE,  
BY PUBLIC PARTICIPATION, PRESENTATIONS AND INVOLVEMENT

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	DION OLIVEIRA	43 FRANKLIN STREET WARREN, RI 02885 USA
PRESIDENT	DAVID CARRIERE	487 MAPLE AVENUE BARRINGTON, RI 02806 USA
DIRECTOR	CATHY ALTIERI	75 HIGHLAND AVENUE BARRINGTON, RI 02806 USA
DIRECTOR	LINDSEY GILBERT	15 WOBURN RD RUMFORD, RI 02916 USA
DIRECTOR	MISSY MEDINA	1 MICHAEL DRIVE BRISTOL, RI 02809 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DAVID CARRIERE 487 MAPLE AVENUE BARRINGTON , RI 02806

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 8 Day of March, 2025 at 3:16:17 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By DION OLIVEIRA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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