RI SOS Filing Number: 202212255320 Date: 2/24/2022 4:00:00 PM

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State of Rhode Island

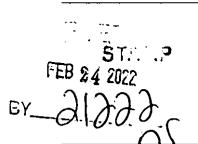
Department of State - Business Services Division

Annual Report for the year: 2022
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					
000027679	Bristol County Bar Association					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Local Per Association for ottomore living as associated in Drietal County					
4. NAICS Code	Local Bar Association for attorneys living or practicing in Bristol County					
813920 - Professional Organizati						
6. Principal Office Address			City	State	Zip	
443 Hope Street			Bristol	RI	02809	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Theresa Marie Santoro			Vice-President Name Jane Howlett			
Street Address 55 Seymour Street			Street Address 865 Hope Street			
^{City} Warren	State RI	Zip 02885	City Bristol	State RI	^{Zip} 02809	
Secretary Name Meredith Hor	wlett Treasurer Name John G. Rego					
Street Address 29 Thompson Avenue			Street Address 443 Hope Street			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Theresa Marie Santoro			Director Name Jane Howlett			
Street Address 55 Seymour Street			Street Address 865 Hope Street			
^{City} Warren	State RI	^{Zip} 02885	^{City} Bristol	State RI	^{Zip} 02809	
Director Name Meredith Howlett			Director Name John G. Rego			
Street Address 29 Thompson Avenue			Street Address 443 Hope Street			
^{City} Bristol	State RI	Zip 02809	^{City} Bristol	State RI	^{Zip} 02809	
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, duty Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative John G. Rego, Treasurer				Date 2/18/2022		
Signature of Officer/Authorized Representative						

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov