



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2022  
Non-Profit Corporation

**FILED**

JUN 17 2022

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY 3034 DS

1. Entity ID Number <b>000082589</b>		2. Exact name of the Corporation <b>Bristol Warren Education Association</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Labor Organization</b>			
4. NAICS Code <b>813930</b>					
6. Principal Office Address <b>17 Patricia Ann Drive</b>			City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name <b>Michelle A.W. Da Silva</b>			Vice-President Name <b>Brian Chidester</b>		
Street Address <b>9 Marie Drive</b>			Street Address <b>775 Main Street</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
Secretary Name <b>Dayna Achilli</b>			Treasurer Name <b>Thomas J. Del Santo Jr.</b>		
Street Address <b>25 Bullocks Point Ave Apt 5B</b>			Street Address <b>17 Patricia Ann Drive</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
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 <b>Michelle A.W. Da Silva</b>			Director Name <b>Sarah Stringer</b>		
Street Address <b>9 Marie Drive</b>			Street Address <b>6 Rosaland Court</b>		
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
Director Name <b>Brian Chidester</b>			Director Name		
Street Address <b>775 Main Street</b>			Street Address		
City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>	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 <b>T.J. Del Santo Treasurer</b>				Date <b>6/15/22</b>	
Signature of Officer/Authorized Representative <b>TJ Del Santo</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

Attachment to Annual Report 2022

Co - President

Sarah Stringer  
6 Rosaland Court  
Riverside, RI 02915

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BY 3634 