



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

FILED

MAR 18 2024

BY: 22320
OD

1. Entity ID Number 000027679		2. Exact name of the Corporation Bristol County Bar Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Local Bar Association for attorneys living or practicing in Bristol County.			
4. NAICS Code 813920 - Professional Organizati					
6. Principal Office Address 443 Hope Street			City Bristol	State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jane Howlett		Vice-President Name Meredith Howlett			
Street Address 865 Hope Street		Street Address 29 Thompson Avenue			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Meredith Howlett		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 <input type="checkbox"/>					
Director Name Jane Howlett		Director Name Meredith Howlett			
Street Address 865 Hope Street		Street Address 29 Thompson Avenue			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name John G. Rego		Director Name			
Street Address 443 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.					
<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 John G. Rego, Treasurer				Date 3/15/24	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
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