



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* 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.

1. Corporate ID No. 56010		2. Name of Corporation BRIDGE STREET CROSSING CONDOMINIUM ASSOCIATION, INC.		
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 47 BRIDGE STREET UNIT 4		City EAST GREENWICH Zip 02818
5. Foreign corporation. Enter principal office address		City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name ROGER BENSON			Vice President Name	
Street Address 47 BRIDGE STREET UNIT 4			Street Address	
City EAST GREENWICH	State RI	Zip 02818	City	State
Secretary Name NONE			Treasurer Name BRADFORD J. MATTHEWS	
Street Address			Street Address 5 SMOKEY DRIVE	
City	State	Zip	City JOHNSTON	State RI Zip 02919
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23				
Director Name ROGER BENSON			Director Name DENNIS ARENSEAU	
Street Address 47 BRIDGE STREET UNIT 4			Street Address 47 BRIDGE STREET UNIT 3	
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI Zip 02818
Director Name BRADFORD J. MATTHEWS			Director Name	
Street Address 5 SMOKEY DRIVE			Street Address	
City JOHNSTON	State RI	Zip 02919	City	State
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78				
Agent Name BRADFORD J. MATTHEWS			Address	
Address 5 SMOKEY DRIVE			City JOHNSTON	Zip 02919

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED	
File Date	JUL 01 2008
Check No.	
By:	[Signature]
FOR SECRETARY OF STATE USE ONLY	

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.

[Signature] **6/28/08**
Signature of Officer Date
BRADFORD J. MATTHEWS
Print or Type Name of Officer
TREASURER
Title of Officer