

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 2009

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.	2. Name of Corporation						
162687	Barclay Ma	Barclay Manor Condo Association					
3. State of Incorporation	4. Corporate ad	dress in Rhode Island - Street	Address	City Tiverton	Zip		
RI	21 Sterling	21 Sterling Drive Apt. 2			02878		
Foreign corporation. Enter principal office address			City	State	Zip		
6. Brief Description of the char	racter of the affairs white	cb are actually conducted in R	bode Island		<u>.</u>		
manages condo matier		,					
7. NAMES AND ADDRE	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) [FILL IN S	PACES BEFORE USING AT	TACHMENTS		
President Name			Vice President Name				
Richard Sardina			N/A				
Street Address			Street Address				
21 sterling dr apt 6							
City	State	Ζip	City	State	Zip		
tiverton	l ri	02878					
Secretary Name Todd Gaskell			Treasurer Name Priscilla Prew				
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address				
21 sterling dr apt 7		21 sterling dr apt 2					
City	State	Zip	City	State	Zip		
tiverton	ri	02878	tiverton	l Li	02878		
				SPACES BEFORE USING AT			
	ECTORS OF A DO	MESTIC (RHODE ISLA	1	LL NOT BE LESS THAN TE	REE (3). R.I.G.L. 7-6-23		
Director Name			Director Name				
Lily Carter			Clinton Farias				
Street Address				Street Address			
21 sterling dr apt 4			21 sterling dr apt	189			
City	State	Zip	City	State	Zip		
tiverton	[ri	02878	tiverton	ri	02878		
Director Name Peter O hara			Director Name				
Street Address			Street Address				
21 sterlinadr apt 8							
City	State	Zψ	City	State	Ζip		
tiverton	ri	02878					
9. REGISTERED AGENT	I IN RHODE ISLA	ND .		•	•		
This information is curre	ntly of record in th	e Office of the Secretary of	of State. Changes require filin	ng of Form 641 - R.I.G.L. 7-6	-13/7-6-78		
This report	must be signed by	either the President, Vic	e President, Secretary, Assi	stant Secretary, Treasurer, F	Receiver or Trustee		

File Date	FILED
Check No.	JUN 08 2009
By:	By \7.39

162687

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Under penalty of perjury, I declare and affirm the report, including any accompanying schedules and statements contained herein are true and correct.		
Mall. (/ Ken)	6-5-	0
Signature of Officer	Date	
Pricilla Prew		
Print or Type Name of Officer		
Treasurer		
Title of Officer		
	Form 631 Rev.	09/17