



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 2012

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. 33971		2. Name of Corporation Bayside Medical Center Building Condominium Association, Inc.			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 235 Plain Street		City Providence	Zip 02905
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 Medical office condominium bldg. offering medical services to the community.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David Steigman M.D.			Vice President Name Lawrence Bowen		
Street Address 235 Plain Street			Street Address 235 Plain Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Stephen Falkenberry M.D.			Treasurer Name James T. Pascalides DPM		
Street Address 235 Plain Street			Street Address 235 Plain Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
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 James T. Pascalides DPM			Director Name David Steigman M.D.		
Street Address 235 Plain Street			Street Address 235 Plain Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name Lawrence Bowen			Director Name Raymond Chaquette		
Street Address 235 Plain Street			Street Address 235 Plain Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

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

33971

FILED

DEC 28 2012

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 of Officer

Date

David Steigman M.D.

Print or Type Name of Officer

File Date

Check No.

By: