



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 85641		2. Exact name of the Corporation No-Bottom Home Owners' Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Owns and maintains all common areas within the subdivision known as No Bottom.			
5. Principal office address c/o Leslie Galbraith 13 No Bottom Ridge		City Westerly	State RI	Zip 02891	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Craig Murphy		Vice-President Name Alex Bulazel			
Street Address Tristam Trace		Street Address Tristam Trace			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Jeff Liguori		Treasurer Name Leslie Galbraith			
Street Address Ice Pond Rd		Street Address 13 No Bottom Ridge Rd			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Craig Murphy		Director Name Alex Bulazel			
Street Address Tristam Trace		Street Address Tristam Trace			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Jeff Liguori		Director Name Leslie Galbraith			
Street Address Ice Pond Rd		Street Address 13 No Bottom Ridge Rd			
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

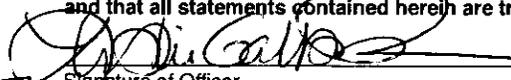
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

MAY 13 2013

File Date _____
 Check No. _____
 By _____ BY **883**
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 of Officer  Date **5/11/2013**
Leslie Galbraith
 Print or Type Name of Officer
Treasurer
 Title of Officer

**Attachment to Form 631
No Bottom Homeowners' Association
ID 85641**

Additional Directors

Archie Walker
Oyster Cove
Westerly, RI 02891

Nancy Klotz
No Bottom Ridge
Westerly, RI 02891

FILED
MAY 13 2013
BY 85641