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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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 - **This report must be typed or printed legibly.**
Filing Fee: $50.00 - **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation			
0001596080	BRISTOL CONTRACTORS CONDOMINIUM ASSN.			
3. Principal office address: 2 SHANNON CT UNIT A		City: BRISTOL	State: RI	Zip: 02809
4. Business Phone No.: 401 301 4491		5. State of Incorporation: RI		
6. Brief description of the character of business conducted in Rhode Island: CONDOMINIUM MANAGEMENT				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: CHRISTOPHER FONSECA			Vice-President Name		
Street Address: 4 JUNIPER CT			Street Address		
City: BRISTOL	State: RI	Zip: 02809	City	State	Zip
Secretary Name: ROBERT SWIFT			Treasurer Name		
Street Address: 37 DOLLY DR.			Street Address		
City: BRISTOL	State: RI	Zip: 02809	City	State	Zip

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: CHRISTOPHER FONSECA (MNM)			Director Name		
Street Address: 4 JUNIPER CT			Street Address		
City: BRISTOL	State: RI	Zip: 02809	City	State	Zip
Director Name: ROBERT SWIFT (MNM)			Director Name		
Street Address: 37 DOLLY DRIVE			Street Address		
City: BRISTOL	State: RI	Zip: 02809	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of Instruction sheet.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100		1

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Authorized Representative — Date: 2-17-12

CHRISTOPHER FONSECA
Print or Type Name of Authorized Representative

File Date _____
Check No _____
By: _____

FILED
FEB 19 2014

FOR SECRETARY OF STATE USE ONLY By: 49-217674
A.A. 12:19 p.m.

SECRETARY OF STATE CORPORATIONS DIV 2014 FEB 19 PM 12:18

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