



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

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. 000159680		2. Exact name of the Corporation 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 RI
Secretary Name ROBERT SWIFT		Treasurer Name		
Street Address 37 DOLLY DR.		Street Address		
City BRISTOL	State RI	Zip 02809	City	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐				
Director Name CHRISTOPHER FONSECA (MNON)		Director Name		
Street Address 4 JUNIPER CT		Street Address		
City BRISTOL	State RI	Zip 02809	City	State RI
Director Name ROBERT SWIFT (MNON)		Director Name		
Street Address 37 DOLLY DRIVE		Street Address		
City BRISTOL	State RI	Zip 02809	City	State RI
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.

File Date _____

Check No _____

By: _____

FILED

FOR SECRETARY OF STATE USE ONLY FEB 19 2014

Form No. 630
Revised: 01/2012

By: 49-217674
A.A. 12:18 p.m.

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

CHRISTOPHER FONSECA
Print or Type Name of Authorized Representative

2-17-12