



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

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. 109093		2. Exact name of the Corporation Bay View Townhouses Condominium Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To conduct the business of the members of the Condominium Association			
5. Principal office address 44 Everett Street		City Newport	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard S. Kane			Vice-President Name Christina West		
Street Address 51 Lawton Brook Ln			Street Address 43 Lawton Brook Ln		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Patricia Aubin			Treasurer Name Albert Honnen		
Street Address 48 Lawton Brook Ln			Street Address 13 Lawton Brook Ln		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Thomas Maxfield			Director Name Peter Petrou		
Street Address 111 Rolling Hill Rd			Street Address 46 Lawton Brook Ln		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Director Name Kristine Langelo			Director Name		
Street Address 14 Lawton Brook Ln			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

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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.

Richard S. Kane
 Signature of Officer or Authorized Representative

06/01/2014

Date

Richard S. Kane, President

Print or Type Name of Officer or Authorized Representative