



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. <b>60895</b>		2. Exact name of the Corporation <b>Bald Hill Commons Condominium Association, Inc</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Commercial Property Management Services, Inc</b>			
5. Principal office address <b>207 Quaker Lane, Suite 300</b>		City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Nicholas E. Cambio</b>			Vice-President Name <b>None</b>		
Street Address <b>207 Quaker Lane, Suite 300</b>			Street Address		
City <b>West Warwick</b>	State	Zip	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 <b>Nicholas E. Cambio</b>			Director Name <b>Melissa A. Faria</b>		
Street Address <b>207 Quaker Lane, Suite 300</b>			Street Address <b>207 Quaker Lane, Suite 300</b>		
City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Director Name <b>Vincent A. Cambio</b>			Director Name		
Street Address <b>207 Quaker Lane, Suite 300</b>			Street Address		
City <b>West Warwick</b>	State	Zip	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: \_\_\_\_\_ BY 1225

FOR SECRETARY OF STATE USE ONLY

**FILED**

JUL 21 2014

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 or Authorized Representative

Date

**Nicholas E. Cambio President/Director**

Print or Type Name of Officer or Authorized Representative