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 2015

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.	2. Exact name of the Corporation
110534	**Brayton Woods Owner's Association**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**Homeowners Association**

5. Principal office address	City	State	Zip
c/o 57 North Christopher Avenue	**Tiverton**	**RI**	**02878**

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

President Name	Street Address	City	State	Zip
Gordon Craig	**57 North Christopher Avenue**	**Tiverton**	**RI**	**02878**

Vice-President Name	Street Address	City	State	Zip
Michael Zmich	**150 North Christopher Avenue**	**Tiverton**	**RI**	**02878**

Secretary Name	Street Address	City	State	Zip
Michael Brown	**314 South Christopher Avenue**	**Tiverton**	**RI**	**02878**

Treasurer Name	Street Address	City	State	Zip
Randy Costa	**20 North Christopher Avenue**	**Tiverton**	**RI**	**02878**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Gordon Craig	**57 North Christopher Avenue**	**Tiverton**	**RI**	**02878**

Director Name	Street Address	City	State	Zip
Michael Zmich	**150 North Christopher Avenue**	**Tiverton**	**RI**	**02878**

Director Name	Street Address	City	State	Zip
Jerry Guillemette	**420 South Christopher Avenue**	**Tiverton**	**RI**	**02878**

Director Name	Street Address	City	State	Zip
Timothy Leary	**345 South Christopher Avenue**	**Tiverton**	**RI**	**02878**

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 _____ **FILED**

Check No _____ MAY 18 2015

By: _____

FOR SECRETARY OF STATE USE ONLY BY 1236

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.

Gordon Craig — 5/13/2015
Signature of Officer or Authorized Representative — Date

Gordon Craig
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014