

Revised: 04/2014

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.	1	2. Exact name of the Corporation				
85641	No Bottom Home Owners' Association					
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island					
RI	Owns and maintains all common areas within the subdivision known as No Bottom					
5. Principal office address c/o Leslie Galbraith 13 No Bottom Ridge			City Westerly	State RI	Zip 02891	
		RESSES) ("X" BOX FOR AT				
President Name		LOOLO/(X DOX! DIEX!	Vice-President Name			
Craig Murphy			Alex Bulazel			
Street Address			Street Address			
Tristam Trace			Tristam Trace			
City	State	Zip	City	State	Zip	
Westerly	RI	02891	Westerly	RI	02891	
Secretary Name			Treasurer Name			
Jeff Liguori			Leslie Galbraith			
Street Address			Street Address			
ce Pond Road			13 No Bottom Ridge			
City	State	Zip	City	State	Zip	
Vesterly	RI	02891	Westerly	RI	02891	
("X" BOX FOR ATTACH Director Name	MENT) [onedeloj, miobe locam	Director Name			
Craig Murphy			Alex Bulazel Street Address			
Street Address			Tristam Trace			
Tristam Trace	State	Zip	City	State	Zip	
City Westerly	RI	02891	Westerly	RI	02891	
Director Name	171	V2001	Director Name		1	
Jeff Liguori			Leslie Galbraith			
Street Address			Street Address			
Ice Pond Road			No Bottom Ridge			
City	State	Zìp	City	State	Zip	
Westerly	RI	02891	Westerly	RI	02891	
B. REGISTERED AGENT IN	N RHODE ISLAND	,			-	
This information is curren	tly of record in the	e Office of the Secretary o	f State. Changes require fi	ling Form 641.		
					Representative, Rece	
This information is curren	tly of record in th	e Office of the Secretary o	ry, Assistant Secretary, Trea	surer, duly Authorized		
File Date			Under penalty of perjury, I declare and affirm that I have exami this report, including any accompanying schedules and statem and that all statements contained herein are true and correct.			
Check No		,	X Marchi Ca	Mrs.	6/6/2015	
Ву:			Signature of Officer or A	Authorized Representati		
FOR SECRETARY OF ST	TATE USE ONLY	R. William Control	argination of amount of t			
			Leslie Galbraith	Leslie Galbraith		
Form No. 531			Print or Type Name of Officer or Authorized Representative			

Attachment to Form 631 No Bottom Homeowners' Association ID 85641

Additional Directors

Archie Walker Oyster Cove Westerly, RI 02891

Nancy Klotz No Bottom Ridge Westerly, RI 02891

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JUN 1 0 2015