



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. 85641		2. Exact name of the Corporation No Bottom Home Owners' Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island 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
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Craig Murphy			Vice-President Name Alex Bulazel		
Street Address Tristam Trace			Street Address Tristam Trace		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Jeff Liguori			Treasurer Name Leslie Galbraith		
Street Address Ice Pond Road			Street Address 13 No Bottom Ridge		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Craig Murphy			Director Name Alex Bulazel		
Street Address Tristam Trace			Street Address Tristam Trace		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Jeff Liguori			Director Name Leslie Galbraith		
Street Address Ice Pond Road			Street Address No Bottom Ridge		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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

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.

Leslie Galbraith
 Signature of Officer or Authorized Representative

6/6/2015

Date

Leslie Galbraith

Print or Type Name of Officer or Authorized Representative

JUN 16 2015

BY 985

**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

FILED

JUN 10 2015

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