



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000109093

2. Name of Corporation Bay View Townhouses Condominium Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 31 AMERICAS CUP AVENUE

P.O. BOX 389

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO MANAGE AND OPERATE THE HOMEOWNERS' ASSOCIATION FOR THE CONDOMINIUM.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	FRANK LEVIN	58 LAWTON BROOK LN PORTSMOUTH, RI 02871 USA
TREASURER	ALBERT HONNEN	13 LAWTON BROOK LN

		PORTSMOUTH, RI 02871 USA
SECRETARY	MEAGAN RAMOS	51 LAWTON BROOK LN PORTSMOUTH, RI 02871 USA
VICE PRESIDENT	PETER PETROU	45 LAWTON BROOK LN PORTSMOUTH, RI 02871 USA
DIRECTOR	MICHAEL KONRAD	56 LAWTON BROOK LN PORTSMOUTH, RI 02871 USA
DIRECTOR	KRISTINE LANGELLO	14 LAWTON BROOK LN PORTSMOUTH, RI 02871 USA
DIRECTOR	THOMAS MAXFIELD	111 ROLLING HILL RD PORTSMOUTH, RI 02871 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

NEIL P. GALVIN 31 AMERICA'S CUP AVENUE NEWPORT , RI 02840

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 31 Day of May, 2016 at 3:00:47 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ALBERT HONNEN
Signature of Authorized Person

Form No. 631
Revised 09/07

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