



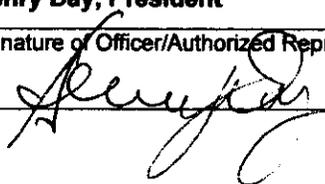
**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
57363		Bay Ridge Community Association			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Recreational Neighborhood Association			
5. Principal Office Address		City	State	Zip	
95 Overlook Dr.		Warwick	RI	02818	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Henry Day			Vice-President Name Jay Marchant		
Street Address 49 Rosedale Rd.			Street Address 107 Overlook Dr.		
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
Secretary Name Wendy Doremus			Treasurer Name Harold Marchant		
Street Address 62 Beachwood Dr.			Street Address 33 Primrose Dr.		
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard Willett			Director Name Larry Paolilli		
Street Address 1 Baycliff Dr.			Street Address 95 Overlook Dr.		
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
Director Name Peter Von Moffi			Director Name June Marchant		
Street Address 16 Lakedell Dr.			Street Address 220 Beachwood Dr.		
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Henry Day, President				Date 6/8/16	
Signature of Officer/Authorized Representative 					

FILED
JUN 13 2016
BY K L 1306