RI SOS Filing Number: 201600991420 Date: 06/23/2016 4:00 PM

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
927061	**Bay Meadows Association, Inc.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**Maintenance of private road**

5. Principal Office Address	City	State	Zip
14 Moorings Way	**Little Compton**	**RI**	**02837**

6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐

President Name **Anthony Risica**			Vice-President Name **Annette Ladd**		
Street Address **44 High Ridge Circle**			Street Address **6 Moorings Way**		
City **Franklin**	State **MA**	Zip **02038**	City **Little Compton**	State **RI**	Zip **02837**
Secretary Name **Jessica Angell Moore**			Treasurer Name **Jessiac Angell Moore**		
Street Address **14 Moorings Way**			Street Address **14 Moorings Way**		
City **Little Compton**	State **RI**	Zip **02837**	City **Litle Compton**	State **RI**	Zip

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **Anthony Risica**			Director Name **Annette Ladd**		
Street Address **44 High Ridge Circle**			Street Address **6 Moorings Way**		
City **Franklin**	State **MA**	Zip **02038**	City **Little Compton**	State **RI**	Zip **02837**
Director Name **Jessica Angell Moore**			Director Name		
Street Address **14 Moorings Way**			Street Address		
City **Little Compton**	State **RI**	Zip **02837**	City	State	Zip

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.

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

Name of Officer/Authorized Representative	Date
I Jackson Angell	**5/16/16**

Signature of Officer/Authorized Representative

FILED
JUN 28 2016
BY

Form No. 631
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