



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

FILED

JUL 05 2016

Annual Report for the year: 2016  
Non-Profit Corporation

By 10

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>33971</b>		2. Exact name of the Corporation <b>Bayside Medical Center Building Condominium Association, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Medical Office condominium bldg. offering medical services to the community.</b>			
5. Principal Office Address <b>235 Plain Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>David Steigman M.D.</b>			Vice-President Name <b>None</b>		
Street Address <b>235 Plain Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
Secretary Name <b>Stephen Falkenberry M.D.</b>			Treasurer Name <b>James T. Pascalides DPM</b>		
Street Address <b>235 Plain Street</b>			Street Address <b>235 Plain Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>James T. Pascalides DPM</b>			Director Name <b>David Steigman</b>		
Street Address <b>235 Plain Street</b>			Street Address <b>235 Plain Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>
Director Name <b>Raymond Chabrette</b>			Director Name		
Street Address <b>235 Plain Street</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02905</b>	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.					
<b>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.</b>					
<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 <b>David Steigman MD</b>				Date <b>6/29/16</b>	
Signature of Officer/Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov