

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2017 Non-Profit Corporation

→ 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	2. Exact name of the Corporation				
163935					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Residential Condominium Association				
4. NAICS Code	1				
813910 - Business Assoc ☑					
6. Principal Office Address			City	State	Zip
60 Frybrook Drive			East Greenwich	RI	02818
7. List ALL officers (names and add	tresses)		Check the box to indicate an attachment		
President Name Norman E. Walker			Vice-President Name Paul Gauthier		
Street Address 30 Hillside Court			Street Address 45 Hillside Court		
City East Greenwich	State RI	<sup>Zip</sup> 02818	City East Greenwich	State RI	<sup>Zip</sup> 02818
Secretary Name Janis M. Cappello			Treasurer Name Robert L. G. Batchelor		
Street Address 40 Hillside Court			Street Address 60 Frybrook Drive		
City East Greenwich	State RI	<sup>Zip</sup> <b>02818</b>	City East Greenwich	State RI	<sup>Zip</sup> <b>02818</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name Norman E. Walker			Director Name Paul Gauthier		
Street Address 30 Hillside Court			Street Address 45 Hillside Court		
<sup>City</sup> East Greenwich	State RI	<sup>Zip.</sup> 02818	City East Greenwich	State RI	<sup>Zip</sup> <b>02818</b>
Director Name Janis M. Cappello			Director Name Robert L. G. Batchelor		
Street Address 40 HillIside Court			Street Address 60 Frybrook Drive		
City East Greenwich	State RI	<sup>Zip</sup> <b>02818</b>	<sup>City</sup> East Greenwich	State RI	<sup>Zip</sup> <b>02818</b>
9. 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					
Robert L. G. Batchelor, Treas			6/1/	/7	
Signature of Officer/Authorized Representative					
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 0 5 2017 0

## NON PROFIT CORPORATION ANNUAL REPORT FOR YEAR 2017

ID Number:

163935

Fry Brook Condominium Association, Inc.

Section 8. List of Directors -

Carmen Lysaght 35 Frybrook Drive East Greenwich, RI 02818