



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 57363		2. Exact name of the Corporation Bay Ridge Community Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Recreational Neighborhood Association			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 49 Rosedale Road			City Warwick	State RI	Zip 02818
7. 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 Road			Street Address 107 Overlook Drive		
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
Secretary Name Jean Rose			Treasurer Name Harold Marchant		
Street Address 116 Baycliff Drive			Street Address 33 Primrose Drive		
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
8. 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 June Marchant			Director Name Richard Willett		
Street Address 220 Beachwood Drive			Street Address 1 Baycliff Drive		
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
Director Name Larry Paolilli			Director Name Charlie Halgh		
Street Address 95 Overlook Drive			Street Address 100 Beachwood Drive		
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
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.					
<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 6/2/17	
Signature of Officer/Authorized Representative 					

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

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