RI SOS Filing Number: 201745316540 Date: 6/9/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

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

162687

3. State of Incorporation

RI

4. NAICS Code

MANAGES Code

MANAGES Code

Annual Report for the year:

Annual Report

162687	Bardun Mi	anor Condo A	WC ·	
3. State of Incorporation	5. Brief description of the characte	r of business conducted in Rhode Isl	and	<del></del> -
RI				
4. NAICS Code	1			
81	Manages Cor	ndo Mateinen	ce	
6. Principal Office Address		City	State	Zîp
21 Sterling	or Unitz	Tiverton	RI	02878
7. List ALL officers (names and addresses)  Check the box to indicate an attachment				
President Name Neuc	Vice-President Name			
Street Address Stering	Dr #11	Street Address	·	
city Tiverton	State ( ) Zip 28 78	City	State	Zip
Secretary Name	sa	Treasurer Name	(eu)	
Street Address Stering	Dr #12	Street Address STening	Or F	12
cirturation	State RI Zip 028 %	Tilerton	State RI	3C 86.02
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment				
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Director Name	2. na ha un	Director Name (9.03	ck the box to indicate	an attachment
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 na hann Dr #4	· · · · · · · · · · · · · · · · · · ·	ck the box to indicate	an attachment
Kara Ve		Street Address City  Director Name  G 0 S  G 0 S  City	k the box to indicate	Zip
Street Address  City  Director Name	Dr #4	Director Name TOND GUS Street Address 33 Hugh	st.	zip
Street Address  City  Director Name	Dr # 4 State RI Zip 28 78	Street Address City PARIAUITE	st.	zip () 2 <b>7</b> () み
Street Address Stering City Tuenton Director Name Rob Dio	Dr # 4 State RI Zip 28 78	Street Address Street Address 33 High City PARIAUITE Director Name	st.	zip ンス <b>う</b> じみ
Street Address  City Director Name Rob Dic Street Address 21 Stemin City Twenton	Dr#4 State RI Zip 28 78 Shate RI Zip 28 78	Street Address City Director Name Street Address City City City City City City City City	State State	z <sub>ip</sub>
Street Address City	State RI Zip 28 78  State RI Zip 28 78  C DY FI 9  State RI Zip 28 78  d. This information is currently of record and affirm that I have examined	Street Address  City Director Name  Street Address  City City Director Name  Street Address  City In the Department of State. Changes required this report, including any accomp	State State Uire filing Form 641.	Zip
Street Address City Director Name Rub Director Name Rub Street Address Street Address 1 Steel Address Street Address 9. Registered Agent in Rhode Island Under penalty of perjury, I declare statements, and that all statements	State Zip 28 78  State RI Zip 28 78  State RI Zip 28 78  C. This information is currently of record and affirm that I have examined its contained herein are true and of the contained herein are tr	Street Address Street Address City Director Name Street Address City in the Department of State. Changes required this report, including any accompany accor	State State State uire filing Form 641.	Zip
Street Address City Director Name Rub Director Name Rub Street Address Street Address 1 Steel Address Street Address 9. Registered Agent in Rhode Island Under penalty of perjury, I declare statements, and that all statements	State Zip 38 78  State RI Zip 38 78  State RI Zip 36  d. This information is currently of record and affirm that I have examined its contained herein are true and other, Vice-President, Secretary, Assistant Secretary, Secretary, Assistant Secretary, Secretary, Assistant Secretary,	Street Address  City Director Name  Street Address  City City Director Name  Street Address  City In the Department of State. Changes required this report, including any accomp	State State State uire filing Form 641.	Zip
Street Address City Director Name RUD Street Address Street Address City TUENTUM  9. Registered Agent in Rhode Island Under penalty of perjury, I declare statements, and that all statement This report must be signed by either the President	State Zip 38 78  State PI Zip 38 78  1. This information is currently of record and affirm that I have examined its contained herein are true and others, Vice-President, Secretary, Assistant Secretarity	Street Address Street Address City Director Name Street Address City in the Department of State. Changes required this report, including any accompany accor	State State State uire filing Form 641. samying schedule ive, Receiver or Trustee Date	Zip

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

FORM 631 - Revised, 05/2017