



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

Annual Report for the year:

Non-Profit Corporation

2017

→ 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 <u>162687</u>		2. Exact name of the Corporation <u>Barclay Manor Condo Assc.</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code <u>81</u>		<u>Manages Condo Maintenance</u>	
6. Principal Office Address <u>21 Sterling Dr Unit 2</u>		City <u>Tiverton</u>	State <u>RI</u>
		Zip <u>02878</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Anne Neadeau</u>		Vice-President Name	
Street Address <u>21 Sterling Dr #11</u>		Street Address	
City <u>Tiverton</u>	State <u>RI</u>	City	State
Zip <u>02878</u>		Zip	
Secretary Name <u>Travis Sousa</u>		Treasurer Name <u>Priscilla Prew</u>	
Street Address <u>21 Sterling Dr #12</u>		Street Address <u>21 Sterling Dr #2</u>	
City <u>Tiverton</u>	State <u>RI</u>	City <u>Tiverton</u>	State <u>RI</u>
Zip <u>02878</u>		Zip <u>02878</u>	
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 <u>Kara Denaham</u>		Director Name <u>Todd Gaskell</u>	
Street Address <u>21 Sterling Dr #4</u>		Street Address <u>33 High St</u>	
City <u>Tiverton</u>	State <u>RI</u>	City <u>Plainville</u>	State <u>MASS</u>
Zip <u>02878</u>		Zip <u>02762</u>	
Director Name <u>Rob Dias</u>		Director Name	
Street Address <u>21 Sterling Dr #9</u>		Street Address	
City <u>Tiverton</u>	State <u>RI</u>	City	State
Zip <u>02878</u>		Zip	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative <u>Priscilla Prew</u>			Date <u>6-5-2017</u>
Signature of Officer/Authorized Representative <u>Priscilla Prew - Treasurer</u>			

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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FORM 631 - Revised: 05/2017