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: 162687	2. Exact name of the Corporation: Barclay Manor Condo Assc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Manages Condo Mateinence
4. NAICS Code: 81	

6. Principal Office Address	City	State	Zip
21 Sterling Dr Unit 2	Tiverton	RI	02878

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Anne Meadeau	
Street Address: 21 Sterling Dr #11	Street Address:
City: Tiverton, State: RI, Zip: 02878	City: , State: , Zip:
Secretary Name: Travais Sousa	Treasurer Name: Priscilla Prew
Street Address: 21 Sterling Dr #12	Street Address: 21 Sterling Dr #2
City: Tiverton, State: RI, Zip: 02878	City: Tiverton, State: RI, Zip: 02878

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Kara Denaham	Todd Gaskell
Street Address: 21 Sterling Dr #4	Street Address: 33 High St
City: Tiverton, State: RI, Zip: 02878	City: Plainville, State: MASS, Zip: 02762
Director Name: Rob Dias	Director Name:
Street Address: 21 Sterling Dr #9	Street Address:
City: Tiverton, State: RI, Zip: 02878	City: , State: , 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.

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
Priscilla Prew	6-5-2017

Signature of Officer/Authorized Representative: [signature] - treasurer

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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BY 1409

FORM 631 - Revised: 05/2017