



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 33971		2. Exact name of the Corporation Bayside Medical Center Building Condominium Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Medical Office condominium bldg. offering medical services to the community			
4. NAICS Code 813920 - Professional Organ <input type="checkbox"/>					
6. Principal Office Address 235 Plain Street			City Providence	State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Steigman M.D.			Vice-President Name None		
Street Address 235 Plain Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
Secretary Name Stephen Falkenberry M.D.			Treasurer Name James T. Pascalides DPM		
Street Address 235 Plain Street			Street Address 235 Plain Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
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 James T. Pascalides DPM			Director Name David Steigman M.D.		
Street Address 235 Plain Street			Street Address 235 Plain Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name Raymond Chaquette			Director Name		
Street Address 235 Plain Street			Street Address		
City Providence	State RI	Zip 02905	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.					
<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 David Steigman M.D. (President)				Date 6/21/2017	
Signature of Officer/Authorized Representative 					

FILED

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 26 2017

BY

FORM 631 - Revised: 06/2017