



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.

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2017 JUL -5 PM 1:31

1. Entity ID Number <b>404857</b>		2. Exact name of the Corporation <b>RIVER BREEZE CONDOMINIUM ASSOCIATION</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>ADMINISTERING OPERATING &amp; MAINTAINING CONDO PROPERTY INC.</b>	
4. NAICS Code <b>813920</b>			
6. Principal Office Address <b>23 SHELDON STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>
		Zip <b>02906</b>	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <b>LAURENCE S. WALSH</b>		Vice-President Name <b>ELLEN S WALSH</b>	
Street Address <b>23 SHELDON STREET</b>		Street Address <b>23 SHELDON STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
Secretary Name <b>ELLEN S. WALSH</b>		Treasurer Name <b>LAURENCE S. WALSH</b>	
Street Address <b>23 SHELDON STREET</b>		Street Address <b>23 SHELDON STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
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 <b>LAURENCE S. WALSH</b>		Director Name <b>SARAH RHODES</b>	
Street Address <b>23 SHELDON STREET</b>		Street Address <b>23 1/2 SHELDON STREET</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02906</b>	
Director Name <b>ELLEN S. WALSH</b>		Director Name	
Street Address <b>23 SHELDON STREET</b>		Street Address	
City <b>PROVIDENCE</b>	State <b>RI</b>	City	State
Zip <b>02906</b>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>LAURENCE S. WALSH</b>		<b>FILED</b>	Date <b>July 5, 2017</b>
Signature of Officer/Authorized Representative <i>Laurence Walsh</i>		<b>JUL 05 2017</b>	

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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