RI SOS Filing Number: 201752502790 Date: 10/30/2017 11:39:00 AM

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

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2017 OCT 30 AM 11:35

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	2. Exact name of the Corporation
000091565	**Branch Village Condominium Association Inc**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **Managing Administering, regulating, supervising and enforcing the provisions of the Branch Village condos**
4. NAICS Code: 531390	

6. Principal Office Address	City	State	Zip
501 Great Rd Unit 105	**North Smithfield**	**RI**	**02896**

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

President Name **Dan Marcotte**			Vice-President Name **Greg Stepka**		
Street Address **501 Great Rd Unit 108**			Street Address **501 Great Rd Unit 207**		
City **North Smithfield**	State **RI**	Zip **02896**	City **North Smithfield**	State **RI**	Zip **02896**
Secretary Name **Richard A Beauvais**			Treasurer Name **Richard A Beauvais**		
Street Address **501 Great Rd Unit 105**			Street Address **501 Great Rd Unit 105**		
City **North Smithfield**	State **RI**	Zip **02896**	City **North Smithfield**	State **RI**	Zip **02896**

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

Director Name **Alan Wardyga**			Director Name **Paul Morriseau**		
Street Address **501 Great Rd Unit 201**			Street Address **501 Great Rd Unit 101**		
City **North Smithfield**	State **RI**	Zip **02896**	City **North Smithfield**	State **RI**	Zip **02896**
Director Name **Dan Marcotte**			Director Name **Mark Nyberg**		
Street Address **501 Great Rd Unit 108**			Street Address **501 Great Rd Unit 104**		
City **North Smithfield**	State **RI**	Zip **02896**	City **North Smithfield**	State **RI**	Zip **02896**

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
Richard A Beauvais	10/26/17

Signature of Officer/Authorized Representative: Richard A. Beauvais

SIGN DOCUMENT **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

OCT 30 2017
BY 3162209
A.A. 11:39A.M.

FORM 631 - Revised: 08/2017