

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.

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STABLES VCS	STATE
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4.5 19.19.11	10.5							
1. Entity ID Number 000091565	2. Exact name of the Corporation Branch Village Condominium Association Inc							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
RI	Managing Administering, regulating, supervising and enforcing the provisions of the							
4. NAICS Code	Branch Village condos							
531390								
6. Principal Office Address			City	State	Zip			
501 Great Rd Unit 105	.Rd Unit 105			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 Beaux	/ais		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 Islan	d. This information	s currently of record	I in the Department of State, Changes	require filing Form 64	1.			
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, Treesurar, duly Authorized Representative, Receiver or Trustee.								
Name of Officer/Authorized Repres		Date 10/26/17						
Signature of Officer/Authorized Representative Ruham (a . Beauva: SIGN DOCUNELLED)								

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 3 0 2017
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FORM 631 - Revised: 08/2017