RI SOS Filing Number: 201752503490 Date: 10/30/2017 11:36:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2014 **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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Entity ID Number	2. Exact name o	f the Corporation	· 			
000091565	Branch Village Condominium Association Inc					
3. State of Incorporation	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			North Smithfield	RI	02896	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Dan Marcotte	^{it 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 Beaut	Beauvais Treasurer Name Richard A B			eauvais		
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	^{Z_{ip}} 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, Treesurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative			Date			
Richard A Beauvais /0/26/17					7	
Signature of Officer/Authorized Representative Ruhand a. Brawaro SIGN DOCUMENT HEFILED						
Ruhard a. Brawars 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 3 0 2017

FORM 631 - Revised: 08/2017