



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

Annual Report for the year: **2018**

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 144239		2. Exact name of the Corporation Crow's Nest Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Condominium Association for Crow's Nest Condominiums 155-159 Franklin Street, Bristol, RI 02809			
4. NAICS Code 624229 - Other Community Ho					
6. Principal Office Address c/o 443 Hope Street		City Bristol		State RI	Zip 02809
7. List ALL officers (names and addresses). Check the box to indicate an attachment ☐					
President Name Joyce C. Rodrigues			Vice-President Name Joyce C. Rodrigues		
Street Address 209 Hope Street			Street Address 209 Hope Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Joyce C. Rodrigues			Treasurer Name Joyce C. Rodrigues		
Street Address 209 Hope Street			Street Address 209 Hope Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Joyce C. Rodrigues			Director Name Alfred R. Rego, Jr.		
Street Address 209 Hope Street			Street Address 65 Franklin Street		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Joao Filipe			Director Name		
Street Address 155 Franklin St Unit 8C			Street Address		
City Bristol	State RI	Zip 02809	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.					
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 Joyce C. Rodrigues				Date May 11, 2018	
Signature of Officer/Authorized Representative Joyce C. Rodrigues					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JUN 07 2018

BY

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FORM 631 - Revised: 11/2017