



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 33971		2. Exact name of the Corporation Bayside Medical Center Building Condominium Assoc Inc						
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Medical Office condominium bldg. offering medical services o the community						
4. NAICS Code 813920 - Professional Organiz <input type="checkbox"/>								
6. Principal Office Address 235 Plain Street				City Providence		State RI	Zip 02905	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>								
President Name Daivd Steigman M.D.				Vice-President Name NONE				
Street Address 235 Plain Street				Street Address				
City Providence		State RI	Zip 02905		City		State	Zip
Secretary Name Stephen Falkenberry M.D.				Treasurer Name James T. Pascalides DPM				
Street Address 235 Plain Street				Street Address 235 Plain Street				
City Providence		State RI	Zip 02905		City Providence		State RI	Zip 02905
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 James T. Pascalides DPM				Director Name David Steigman M.D.				
Street Address 235 Plain Street				Street Address 235 Plain Street				
City Providence		State RI	Zip 02905		City Providence		State RI	Zip 02905
Director Name Raymond Chaquette				Director Name				
Street Address 235 Plain Street				Street Address				
City Providence		State RI	Zip 02905		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.								
<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 David Steigman M.D. (President)						Date 6/20/2018		
Signature of Officer/Authorized Representative 						SIGN DOCUMENT HERE		

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 21 2018

BY 6511 DS FORM 631 - Revised: 11/2017