



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.

FILED
 STATE
 JUL 09 2018
 BY 36447

1. Entity ID Number 792083		2. Exact name of the Corporation BAY RIDGE CONDOMINIUM ASSOCIATION, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island MANAGEMENT OF CONDOMINIUMS, ACCOUNTING, MAINTENANCE & REPAIRS.			
4. NAICS Code 813990 - Other Similar Organiz:					
6. Principal Office Address 122 TOURO STREET		City NEWPORT	State RI	Zip 02840	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name DAVID GREEN		Vice-President Name JOHN CASEY			
Street Address 166 BAY RIDGE DRIVE		Street Address 59 OSPREY COURT UNIT 13 C			
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02840
Secretary Name KATHLEEN PETZOLD		Treasurer Name RICHARD SMITH			
Street Address 174 BAY RIDGE DRIVE		Street Address 110 BAY RIDGE DRIVE			
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
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 DAVID GREEN		Director Name JOHN CASEY			
Street Address 166 BAY RIDGE DRIVE		Street Address 59 OSPREY COURT UNTI 13 C			
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Director Name KATHLEEN PETZOLD		Director Name NONE			
Street Address 174 BAY RIDGE DRIVE		Street Address			
City MIDDLETOWN	State RI	Zip 02842	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 GREEN				Date 6/4/18	
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