

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2018

→ Filing period June 1 - June 30

→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.

Entity ID Number	2. Exact name of	f the Corporation			
792083	BAY RIDGE CONDOMINIUM ASSOCIATION, INC.				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	MANAGEMENT OF CONDOMINIUMS, ACCOUNTING, MAINTENANCE & REPAIRS.				
4. NAICS Code	1				
813990 - Other Similar Organiza					
6. Principal Office Address			City	State	Zip
122 TOURO STREET			NEWPORT	RI	02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
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 a	ddresses). RI Corp	porations MUST I	ist at least THREE directors.	Check the box to indi	cate an attachment
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.					
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				Date	
DAVID GREEN				6/4/1	9
Signature of Officer/Authorized Representative JACUMENT 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