



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

Annual Report for the year:

2019

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV.

2019 FEB 19 PM 2:38

1. Entity ID Number 484857		2. Exact name of the Corporation RIVER BREEZE CONDOMINIUM ASSO.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island ADMINISTERING OPERATING & MAINTAINING CONDO PROPERTY	
4. NAICS Code 813920			
6. Principal Office Address 23 SHELDON STREET		City PROVIDENCE	State RI
		Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name LAWRENCE S. WALSH		Vice-President Name ELLEN S WALSH	
Street Address 23 SHELDON STREET		Street Address 23 SHELDON St.	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02906		Zip 02906	
Secretary Name ELLEN S. WALSH		Treasurer Name LAWRENCE S. WALSH	
Street Address 23 SHELDON STREET		Street Address 23 SHELDON STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02906		Zip 02906	
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 LAWRENCE S. WALSH		Director Name SARAH RHODES	
Street Address 23 SHELDON STREET		Street Address 23 1/2 SHELDON STREET	
City PROVIDENCE	State RI	City PROVIDENCE	State RI
Zip 02906		Zip 02906	
Director Name ELLEN S. WALSH		Director Name	
Street Address 23 SHELDON STREET		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02906		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 LAWRENCE S. WALSH		Date Feb 19, 2019	
Signature of Officer/Authorized Representative <i>Lawrence S. Walsh</i>		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

FEB 19 2019 2:38

BY CN ERD7V