



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.

FILED

STAMP

MAY 20 2019

BY

FOR SECRETARY OF STATE

1. Entity ID Number 153356		2. Exact name of the Corporation Brook Farm Commons Homeowners Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The management of all affairs of the Brook Farm Commons Condominiums Title 7-6			
4. NAICS Code 813910 - Business Associati					
6. Principal Office Address 1421 Douglas Avenue			City North Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Harvey Muzzy			Vice-President Name		
Street Address 1421 Douglas Avenue Unit J			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Diana Trolani			Treasurer Name Mark Bouchard		
Street Address 1421 Douglas Avenue Unit Q			Street Address 1421 Douglas Avenue Unit E		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
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 Harvey Muzzy			Director Name Christopher Smith		
Street Address 1421 Douglas Avenue Unit J			Street Address 1421 Douglas Avenue Unit M		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Director Name Karen Leach			Director Name		
Street Address 1421 Douglas Avenue Unit O			Street Address		
City North Providence	State RI	Zip 02904	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.					
<i>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>					
<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 Harvey Muzzy				Date 5/16-2019	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE <i>Harvey E. Muzzy</i>	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
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Website: www.sos.ri.gov