



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.

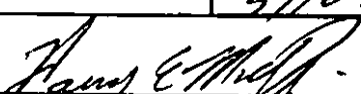
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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|--------------------------|------------------|
| 1. Entity ID Number<br><b>153356</b>                                                                                                                                                                        |                 | 2. Exact name of the Corporation<br><b>Brook Farm Commons Homeowners Association, Inc.</b>                                                                           |                                                  |                          |                  |
| 3. State of Incorporation<br><b>Rhode Island</b>                                                                                                                                                            |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>The management of all affairs of the Brook Farm Commons Condominiums Title 7-6</b> |                                                  |                          |                  |
| 4. NAICS Code<br><b>813910 - Business Associati</b>                                                                                                                                                         |                 |                                                                                                                                                                      |                                                  |                          |                  |
| 6. Principal Office Address<br><b>1421 Douglas Avenue</b>                                                                                                                                                   |                 | City<br><b>North Providence</b>                                                                                                                                      | State<br><b>RI</b>                               | Zip<br><b>02904</b>      |                  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>                                                              |                 |                                                                                                                                                                      |                                                  |                          |                  |
| President Name <b>Harvey Muzzy</b>                                                                                                                                                                          |                 |                                                                                                                                                                      | Vice-President Name                              |                          |                  |
| Street Address <b>1421 Douglas Avenue Unit J</b>                                                                                                                                                            |                 |                                                                                                                                                                      | Street Address                                   |                          |                  |
| City <b>North Providence</b>                                                                                                                                                                                | State <b>RI</b> | Zip <b>02904</b>                                                                                                                                                     | City                                             | State                    | Zip              |
| Secretary Name <b>Diana Trolani</b>                                                                                                                                                                         |                 |                                                                                                                                                                      | Treasurer Name <b>Mark Bouchard</b>              |                          |                  |
| Street Address <b>1421 Douglas Avenue Unit Q</b>                                                                                                                                                            |                 |                                                                                                                                                                      | Street Address <b>1421 Douglas Avenue Unit E</b> |                          |                  |
| City <b>North Providence</b>                                                                                                                                                                                | State <b>RI</b> | Zip <b>02904</b>                                                                                                                                                     | City <b>North Providence</b>                     | State <b>RI</b>          | Zip <b>02904</b> |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>        |                 |                                                                                                                                                                      |                                                  |                          |                  |
| Director Name <b>Harvey Muzzy</b>                                                                                                                                                                           |                 |                                                                                                                                                                      | Director Name <b>Christopher Smith</b>           |                          |                  |
| Street Address <b>1421 Douglas Avenue Unit J</b>                                                                                                                                                            |                 |                                                                                                                                                                      | Street Address <b>1421 Douglas Avenue Unit M</b> |                          |                  |
| City <b>North Providence</b>                                                                                                                                                                                | State <b>RI</b> | Zip <b>02904</b>                                                                                                                                                     | City <b>North Providence</b>                     | State <b>RI</b>          | Zip <b>02904</b> |
| Director Name <b>Karen Leach</b>                                                                                                                                                                            |                 |                                                                                                                                                                      | Director Name                                    |                          |                  |
| Street Address <b>1421 Douglas Avenue Unit O</b>                                                                                                                                                            |                 |                                                                                                                                                                      | Street Address                                   |                          |                  |
| City <b>North Providence</b>                                                                                                                                                                                | State <b>RI</b> | Zip <b>02904</b>                                                                                                                                                     | 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<br><b>Harvey Muzzy</b>                                                                                                                                            |                 |                                                                                                                                                                      |                                                  | Date<br><b>5/16-2019</b> |                  |
| Signature of Officer/Authorized Representative<br>                                                                      |                 |                                                                                                                                                                      |                                                  | SIGN DOCUMENT HERE       |                  |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2815  
Phone: (401) 222-3040  
Website: www.sos.ri.gov