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 1946 DS

1. Entity ID Number	2. Exact name of the Corporation
153356	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	City	State	Zip
1421 Douglas Avenue	North Providence	RI	02904

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 Troiani			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 ☐

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.

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
Harvey Muzzy	5/16-2019

Signature of Officer/Authorized Representative
SIGN DOCUMENT HERE Harvey E Muzzy

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 03/2019