RI SOS Filing Number: 201995564430 Date: 6/5/2019 4:00:00 PM

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
JUN 05 2019
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RY 1103

1. Entity ID Number	2. Exact name of the Corporation
144239	**Crow's Nest Condominium Association**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Condominium Association for Crow's Nest Condominiums 155-159 Franklin Street, Bristol, RI 02809**
4. NAICS Code: **624229 - Other Communit**	

6. Principal Office Address	City	State	Zip
c/o 443 Hope Street	**Bristol**	**RI**	**02809**

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

President Name: **Joyce C. Rodrigues**			Vice-President Name: **Joyce C. Rodrigues**		
Street Address: **209 Hope Street**			Street Address: **209 Hope Street**		
City: **Bristol**	State: **RI**	Zip: **02809**	City: **Bristol**	State: **RI**	Zip: **02809**
Secretary Name: **Joyce C. Rodrigues**			Treasurer Name: **Joyce C. Rodrigues**		
Street Address: **209 Hope Street**			Street Address: **209 Hope Street**		
City: **Bristol**	State: **RI**	Zip: **02809**	City: **Bristol**	State: **RI**	Zip: **02809**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: **Joyce C. Rodrigues**			Director Name: **Alfred R. Rego, Jr.**		
Street Address: **209 Hope Street**			Street Address: **65 Franklin Street**		
City: **Bristol**	State: **RI**	Zip: **02809**	City: **Bristol**	State: **RI**	Zip: **02809**
Director Name: **Joao Filipe**			Director Name:		
Street Address: **155 Franklin Street. Unit 8C**			Street Address:		
City: **Bristol**	State: **RI**	Zip: **02809**	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
Joyce C. Rodrigues, President	5/30/2019

Signature of Officer/Authorized Representative

SIGN DOCUMENT 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

FORM 631 - Revised: 03/2019