



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

STAMP

FOR
SECRETARY OF STATE
USE ONLY

RY 1103

1. Entity ID Number 144239		2. Exact name of the Corporation 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 Community				
6. Principal Office Address c/o 443 Hope Street		City Bristol	State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
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
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
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 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
Director Name Joao Filipe		Director Name		
Street Address 155 Franklin Street. Unit 8C		Street Address		
City Bristol	State RI	Zip 02809	City	State
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.				
<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 Joyce C. Rodrigues, President			Date 5/30/2019	
Signature of Officer/Authorized Representative				
SIGN DOCUMENT HERE				

MAIL TO:
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Website: www.sos.ri.gov