



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 27 2019

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1. Entity ID Number 000927061		2. Exact name of the Corporation Bay Meadows Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Homeowners association			
4. NAICS Code 813910 - Business Assoc					
6. Principal Office Address 14 Moorings Way		City Little Compton	State RI	Zip 02837	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anthony Risica			Vice-President Name Annette Ladd		
Street Address 44 High Ridge Circle			Street Address 6 Moorings Way		
City Franklin	State MA	Zip 02038	City Little Compton	State RI	Zip 02837
Secretary Name Jessica Angell Moore			Treasurer Name Jessica Angell Moore		
Street Address 14 Moorings Way			Street Address 14 Moorings Way		
City Little Compton	State RI	Zip 02837	City Little Compton	State RI	Zip 02837
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 Anthony Risica			Director Name Annette Ladd		
Street Address 44 High Ridge Circle			Street Address 6 Moorings Way		
City Franklin	State MA	Zip 02038	City Little Compton	State RI	Zip 02837
Director Name Jessica Angell Moore			Director Name		
Street Address 14 Moorings Way			Street Address		
City Little Compton	State RI	Zip 02837	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.					
<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 Jessica Angell Moore				Date 6/25/19	
Signature of Officer/Authorized Representative <i>Jessica Angell Moore</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov