



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

JUL 11 2019

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|--|-----------------|--|--|-----------------------|---------------------|
| 1. Entity ID Number 792083 | | 2. Exact name of the Corporation BAY RIDGE CONDOMINIUM ASSOCIATION, INC. | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island MANAGEMENT OF CONDOMINIUMS, ACCOUNTING, MAINTENANCE & REPAIRS. | | | |
| 4. NAICS Code 813990 - Other Similar Orga | | | | | |
| 6. Principal Office Address 122 TOURO STREET | | | City NEWPORT | State RI | Zip 02840 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name DAVID GREEN | | | Vice-President Name JOHN CASEY | | |
| Street Address 166 BAY RIDGE DRIVE | | | Street Address 59 OSPREY COURT UNIT 13C | | |
| City MIDDLETOWN | State RI | Zip 02842 | City MIDDLETOWN | State RI | Zip 02842 |
| Secretary Name KATHLEEN PETZOLD | | | Treasurer Name RICHARD SMITH | | |
| Street Address 174 BAY RIDGE DRIVE | | | Street Address 110 BAY RIDGE DRIVE | | |
| City MIDDLETOWN | State RI | Zip 02842 | City MIDDLETOWN | State RI | Zip 02842 |
| 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 DAVID GREEN | | | Director Name JOHN CASEY | | |
| Street Address 166 BAY RIDGE DRIVE | | | Street Address 59 OSPREY COURT UNIT 13C | | |
| City MIDDLETOWN | State RI | Zip 02842 | City MIDDLETOWN | State RI | Zip 02842 |
| Director Name KATHLEEN PETZOLD | | | Director Name NONE | | |
| Street Address 174 BAY RIDGE DRIVE | | | Street Address | | |
| City MIDDLETOWN | State RI | Zip 02842 | 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 DAVID GREEN | | | | Date 6/3/19 | |
| Signature of Officer/Authorized Representative | | | | SIGN DOCUMENT HERE | |