



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. Corporate ID No.** 000109093

**2. Name of Corporation** Bay View Townhouses Condominium Association, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

053131

**4. Corporate Address in Rhode Island**

No. and Street: 10A WASHINGTON SQUARE

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO MANAGE AND OPERATE THE HOMEOWNERS' ASSOCIATION FOR THE CONDOMINIUM.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	ALBERT HONNEN	13 LAWTON BROOK LN PORTSMOUTH, RI 02871 USA
VICE PRESIDENT	PETER PETROU	45 LAWTON BROOK LN PORTSMOUTH, RI 02871 USA
DIRECTOR	JAYNA LALLI	24 LAWTON BROOK LN PORTSMOUTH, RI 02871 USA
SECRETARY	THOMAS MAXFIELD	111 ROLLING HILL RD PORTSMOUTH, RI 02871 USA
PRESIDENT	DAVID TAVARES	44 LAWTON BROOK LN PORTSMOUTH, RI 02871 USA
DIRECTOR	MARIE MCGUIRE	118 ROLLING HILL RD PORTSMOUTH, RI 02871 USA
DIRECTOR	KRISTINE LANGELLO	14 LAWTON BROOK LN PORTSMOUTH, RI 02871 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

NEIL P. GALVIN 10A WASHINGTON SQUARE NEWPORT , RI 02840

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 8 Day of March, 2020 at 2:04:19 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By ALBERT E. HONNEN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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