

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2020

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						
BY.	MAY 27 2029					

1. Entity ID Number	2 Evantaria	of the Companies					
57363	2. Exact name of the Corporation Bay Ridge Community Association						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Recreational Neighborhood Association						
4. NAICS Code		J					
813319 - Other Social Advoc							
6. Principal Office Address			City	State	Zip		
9 Rosedałe Road			Warwick	RI	02818		
7. List ALL officers (names and add	dresses)		(Check the box to indicate	an attachment		
President Name Henry Day	· · · · · · · · · · · · · · · · · · ·		Vice-President Name Jay Marchant				
Street Address 49 Rosedale Roa	d		Street Address 107 Overlook Drive				
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818		
Secretary Name Jean Rose			Treasurer Name Harold Marchant				
Street Address 116 Baycliff Drive			Street Address 33 Primrose Drive				
City Warwick	State RI	Z _{IP} 02818	City Warwick	State RI	Zip 02818		
8. List ALL directors (names and a	ddresses). RI Co	orporations MUST	list at least THREE directors.	Charletta have a ladia	·····		
Director Name Charlie Haigh	· 		Check the box to indicate an attachment L. Director Name Larry Paolilli				
Street Address 100 Beachwood	Drive	_	Street Address 95 Overlook Drive				
^{City} Warwick	State RI	Zip 02818	City Warwick	State RI	^{Zip} 02818		
Director Name June Marchant		<u> </u>	Director Name Richard Willett				
Street Address 220 Beachwood I	Drive		Street Address 1 Baycliff Drive				
City Warwick	State RI	Zip 02818	^{Crty} Warwick	State Ri	Zip 02818		
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	Date		
Henry Day, President				5/19/2020			
Signature of Officer/Authorized Representative Aleny tay Resident DOCUMENT HERE							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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