



Department of State - Business Services Division

Annual Report for the year: **2020**

Non-Profit Corporation

→ Filing period: June 1 - June 30

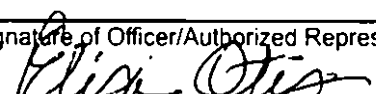
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUN 17 2020

BY

1. Entity ID Number 000081851		2. Exact name of the Corporation Polo Club II Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association.			
4. NAICS Code 813990 - Other Similar Or ☐					
6. Principal Office Address 181 Knight Street		City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Elisa Otis			Vice-President Name Linda Aitken		
Street Address 1 Vanderbilt Drive			Street Address 5970 Emerald Harbor Drive		
City Narragansett	State RI	Zip 02882	City Longboat Key	State FL	Zip 34228
Secretary Name Martha Patnoad			Treasurer Name Michael Borek		
Street Address 16 Martingale Lane			Street Address 588 White Plains Road		
City Narragansett	State RI	Zip 02882	City Webster	State NH	Zip 03303
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Elisa Otis			Director Name Linda Aitken		
Street Address 1 Vanderbilt Drive			Street Address 5970 Emerald Harbor Drive		
City Narragansett	State RI	Zip 02882	City Longboat Key	State FL	Zip 34228
Director Name Martha Patnoad			Director Name Michael Borek		
Street Address 16 Martingale Lane			Street Address 588 White Plains Road		
City Narragansett	State RI	Zip 02882	City Webster	State NH	Zip 03303
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 Elisa Otis, President				Date 5/27/2020	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	