RI SOS Filing Number: 202042399180 Date: 6/17/2020 4:00:00 PM

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
JUN 17 2020
BY 1301

1. Entity ID Number	2. Exact name of the Corporation
000081851	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	City	State	Zip
181 Knight Street	Warwick	RI	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	Date
Elisa Otis, President	5/27/2020

Signature of Officer/Authorized Representative: Elisa Otis — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 06/2019