



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

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.

JUN 18 2020

BY 102592

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1. Entity ID Number 406838		2. Exact name of the Corporation Surfside Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>to act as the unit owners assoc</i>			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address 7 Jackson Walkway		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Tim Dodd		Vice-President Name			
Street Address 20 Narragansett Ave		Street Address			
City Narragansett	State RI	Zip 02882	City	State	Zip
Secretary Name David Eagle		Treasurer Name David Eagle			
Street Address 20 Narragansett Ave		Street Address 20 Narragansett Ave			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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 John Thompson		Director Name Barbara Botein			
Street Address 20 Narragansett Ave		Street Address 20 Narragansett Ave			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Jim Meehan		Director Name			
Street Address 20 Narragansett Ave		Street Address			
City Narragansett	State RI	Zip 02882	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Timothy Dodd, President				Date 6-16-20	
Signature of Officer/Authorized Representative <i>Timothy Dodd, President</i>					

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