



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.

JUN 29 2020

BY

1. Entity ID Number 520066		2. Exact name of the Corporation Pier Landing Condominium			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island The Association is comprised of all owners of the Pier Landing Condominiums			
4. NAICS Code 813990 - Other Similar Organ					
6. Principal Office Address 543 Thames Street		City Newport		State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher Bicho			Vice-President Name Susan Bailey		
Street Address 543 Thames Street			Street Address 125 Van Zandt Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Secretary Name Diane Sheehan			Treasurer Name Kristopher Maxant		
Street Address 125 Van Zandt Avenue #202			Street Address 14 Bow Street		
City Newport	State RI	Zip 02840	City Millis	State MA	Zip 02054
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 Christopher Bicho			Director Name Susan Bailey		
Street Address 543 Thames Street			Street Address 125 Van Zandt Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Diane Sheehan			Director Name Kristopher Maxant		
Street Address 543 Thames Street			Street Address 14 Bow Street		
City Newport	State RI	Zip 02840	City Millis	State MA	Zip 02054
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative 				Date 6/15/2020	
Signature of Officer/Authorized Representative 				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