



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

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R.I. DEPT. OF STATE
BUS SVCS DIV

2020 JUL -2 PM 12:00

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

1. Entity ID Number 001687149		2. Exact name of the Corporation JUST A MERE FARM CONDOMINIUM ASSOCIATION	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island 2 UNIT CONDOMINIUM	
4. NAICS Code 813910 - Business Association			
6. Principal Office Address 57 SHORE DRIVE		City NORTH KINGSTOWN	State RI
		Zip 02852	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name EDGAR MERCADO		Vice-President Name GIOVANNA IZZO	
Street Address 57 SHORE DRIVE		Street Address 57 SHORE DRIVE	
City NORTH KINGSTOWN	State RI	City NORTH KINGSTOWN	State RI
Zip 02852		Zip 02852	
Secretary Name LINDA MERCARO		Treasurer Name	
Street Address 57 SHORE DRIVE		Street Address	
City NORTH KINGSTOWN	State RI	City	State
Zip 02852		Zip	
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 EDGAR MERCADO		Director Name LINDA MERCARO	
Street Address 57 SHORE DRIVE		Street Address 57 SHORE DRIVE	
City NORTH KINGSTOWN	State RI	City NORTH KINGSTOWN	State RI
Zip 02852		Zip 02852	
Director Name GIOVANNA IZZO		Director Name	
Street Address 57 SHORE DRIVE		Street Address	
City NORTH KINGSTOWN	State RI	City	State
Zip 02852		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.			
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 EDGAR MERCADO			Date 6-26-20
Signature of Officer/Authorized Representative <i>Edgar Mercado</i>			

FILED

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

JUL X 2 2020
BY *W. S. G. 72*
12.00
FORM 631 - Revised: 06/2017