RI SOS Filing Number: 202044479880 Date: 7/8/2020 4:00:00 PM

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

FILED
JUL 08 2020
1437

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	2. Exact name of the Corporation
000162687	Barclay Manor Condo Assc.
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: Manages Condo Maintenance
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
21 Sterling Dr. # 11	Tiverton	RI	02878

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Deborah Almeida	
Street Address: 21 Sterling Dr. #6	Street Address:
City: Tiverton State: RI Zip: 02878	City: State: Zip:
Secretary Name: Travis Sousa	Treasurer Name: Priscilla Prew
Street Address: 21 Sterling Dr. #12	Street Address: 48 Louise Dr
City: Tiverton State: RI Zip: 02878	City: Tiverton State: RI Zip: 02878

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Todd Gaskell	Anne Meader
Street Address: 33 High St.	Street Address: 21 Sterling Dr #11
City: Planville State: MASS Zip: 02762	City: Tiverton State: RI Zip: 02878
Director Name: Bob Dias	Director Name:
Street Address: 21 Sterling Dr #9	Street Address:
City: Tiverton State: RI Zip: 0287	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.

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
Priscilla Prew	7-2-2020

Signature of Officer/Authorized Representative: Priscilla Prew — 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: 11/2017