



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
 JUL 08 2020 *OV*
 1431

1. Entity ID Number <i>000162687</i>		2. Exact name of the Corporation <i>Barclay Manor Condo Asc.</i>			
3. State of Incorporation <i>P.I.</i>		5. Brief description of the character of business conducted in Rhode Island <i>Manages Condo Maintenance</i>			
4. NAICS Code <i>813990</i>					
6. Principal Office Address <i>21 Sterling Dr # 11</i>		City <i>Tiverton</i>	State <i>RI</i>	Zip <i>02878</i>	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <i>Deborah Almedia</i>		Vice-President Name			
Street Address <i>21 Sterling Dr # 6</i>		Street Address			
City <i>Tiverton</i>	State <i>RI</i>	Zip <i>02878</i>	City	State	Zip
Secretary Name <i>Travis Sousa</i>		Treasurer Name <i>Priscilla Prew</i>			
Street Address <i>21 Sterling Dr # 12</i>		Street Address <i>48 Louise Dr</i>			
City <i>Tiverton</i>	State <i>RI</i>	Zip <i>02878</i>	City <i>Tiverton</i>	State <i>RI</i>	Zip <i>02878</i>
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 <i>Todd Gaskell</i>		Director Name <i>Anne Meadeu</i>			
Street Address <i>33 High St.</i>		Street Address <i>21 Sterling Dr # 11</i>			
City <i>Planville</i>	State <i>MASS</i>	Zip <i>02262</i>	City <i>Tiverton</i>	State <i>RI</i>	Zip <i>02878</i>
Director Name <i>Bob Dias</i>		Director Name			
Street Address <i>21 Sterling Dr # 9</i>		Street Address			
City <i>Tiverton</i>	State <i>RI</i>	Zip <i>02878</i>	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 <i>Priscilla Prew</i>					Date <i>7-2-2020</i>
Signature of Officer/Authorized Representative <i>Priscilla Prew</i>					SIGN DOCUMENT HERE

MAIL TO:
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 Website: www.sos.ri.gov