RI SOS Filing Number: 202190950440 Date: 2/10/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED
FEB 10 2021
BY 1908 OS

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
000795143	Narragansett Medical Building Condominium Association Inc.

3. Principal Office Address	City	State	Zip
360 Kingstown Road, Unit 205	Narragansett	RI	02882

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
813990	Condominium owners' association
5. State of Incorporation	
RI	

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

President Name: Christine Stewart			Vice-President Name: Monica Gross		
Street Address: 360 Kingstown Road, Unit 206			Street Address: 360 Kingstown Road, Unit 104		
City: Narragansett	State: RI	Zip: 02882	City: Narragansett	State: RI	Zip: 02882
Secretary Name: Darius Kostrzewa			Treasurer Name: Teresa Maine		
Street Address: 360 Kingstown Road, Unit 200			Street Address: 360 Kingstown Road, Unit 207		
City: Narragansett	State: RI	Zip: 02882	City: Narragansett	State: RI	Zip: 02882

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☑

Director Name: Christine Stewart			Director Name: Monica Gross		
Street Address: Same as above			Street Address: Same as above		
City	State	Zip	City	State	Zip
Director Name: Darius Kostrzewa			Director Name: Teresa Maine		
Street Address: Same as above			Street Address: Same as above		
City	State	Zip	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☑		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	common	- 0 -

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative	Date
Christine Stewart	2-2-21

Signature of Authorized Representative: Christine Stewart

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 630 - Revised: 08/2020

ATTACHMENT TO
2021 ANNUAL REPORT

ID # 795143

NARRAGANSETT MEDICAL BUILDING CONDOMINIUM ASSOCIATION, INC.

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ADDITIONAL OFFICERS:

Asst. Vice President:
Brooke Keeley
360 Kingstown Road, Unit 106
Narragansett, RI 02882

ADDITIONAL DIRECTORS

Brooke Keeley
360 Kingstown Road, Unit 106
Narragansett, RI 02882