State of Rhode Island

Department of State - Business Services Division

FILED
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MAR 03 2021
BY 1335.05

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			
000143657	Hon. Samuel Blatchford House Condominium Association, Inc.			
3. Principal Office Address		City	State	Zip
c/o Coastal Property Management, 1341 West Main Road, #11		Middletown	RI	02842
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
531390	Management of condominium association and ownership of common areas and assets related thereto.			
5. State of Incorporation				
Rhode Island				

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

President Name	Street Address	City	State	Zip
Adrian Flatgard	20 Greenough Place, Unit 1A	Newport	RI	02840

Vice-President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Gail St. Jacques	20 Greenough Place, Unit 2B	Newport	RI	02840

Treasurer Name	Street Address	City	State	Zip
Timothy Hill	20 Greenough Place, Unit 1C	Newport	RI	02840

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

Director Name	Street Address	City	State	Zip
Adrian Flatgard	20 Greenough Place, Unit 1A	Newport	RI	02840
Gail St. Jacques	20 Greenough Place, Unit 2B	Newport	RI	02840

Director Name	Street Address	City	State	Zip
Timothy Hill	20 Greenough Place, Unit 1C	Newport	RI	02840

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	None		.01

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
Janet M. Bolender	2/11/21

Signature of Authorized Representative: Janet M. Bolender

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