



State of Rhode Island

Department of State - Business Services Division

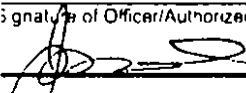
Annual Report for the year: **2021**

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 507720		2. Exact name of the Corporation MARLBOROUGH STREET ASSOCIATION INC			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island HOME OWNERS CONDOMINIUM ASSOCIATION			
4. NAICS Code 813990 - Other Similar Organizat					
6. Principal Office Address 100 MARLBOROUGH STREET		City EAST GREENWICH		State RI	Zip 02818
7. List ALL officers (names and addresses). Check the box to indicate an attachment ☐					
President Name EDWARD BOPP			Vice-President Name		
Street Address 100 MARLBOROUGH STREET, NO. G			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name EDWARD MARCHAND			Treasurer Name AUGUSTUS MARCELLA		
Street Address 100 MARLBOROUGH STREET, NO. 1B			Street Address 100 MARLBOROUGH STREET, NO. 3A		
City EAST GREENWICH	State RI	Zip 02828	City EAST GREENWICH	State RI	Zip 02818
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name EDWARD BOPP			Director Name AUGUSTUS MARCELLA		
Street Address 100 MARLBOROUGH STREET, NO. G			Street Address 100 MARLBOROUGH STREET, NO. 3A		
City EAST GREENWICH	State	Zip	City EAST GREENWICH	State RI	Zip 02818
Director Name EDWARD MARCHAND			Director Name		
Street Address 100 MARLBOROUGH STREET, NO. 1B			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 JULIA L WESTCOTT CPA				Date MARCH 31, 2021	
Signature of Officer/Authorized Representative 					

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

FORM 631 - Revised: 08/2020

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RI DEPT. OF STATE
BUS SVCS DIV
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FILED

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