



State of Rhode Island  
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.

1 Entity ID Number <b>507720</b>		2 Exact name of the Corporation <b>MARLBOROUGH STREET ASSOCIATION INC</b>			
3 State of Incorporation RHODE ISLAND		5 Brief description of the character of business conducted in Rhode Island and HOME OWNERS CONDOMINIUM ASSOCIATION			
4 NAICS Code §13990 - Other Similar Organization					
5 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 <input type="checkbox"/>
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
9 List ALL directors (names and addresses); RI Corporations <b>MUST</b> list at least <b>THREE</b> directors					Check the box to indicate an attachment <input type="checkbox"/>
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					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative JULIA L WESTCOTT CPA				Date MARCH 31, 2021	
Signature of Officer/Authorized Representative 					

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
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MAIL TO:  
 Division of Business Services  
 15 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**  
 APR 12 2021  
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