



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.

FILED

JUN 07 2021 *OR*

BY *J3606*

1. Entity ID Number 117682		2. Exact name of the Corporation FLAT RIVER CONDOMINIUM ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE FOR ADMINISTRATION AND OPERATION OF CONDOMINIUM ASSOCIATION.			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address 3 RAYMOND'S POINT ROAD			City COVENTRY	State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name BRETT WINDROW			Vice-President Name DAVID AMARAL		
Street Address 19 GINGER TRAIL			Street Address 20 RAYMOND'S POINT ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name BRETT WINDROW			Treasurer Name JAMES MURPHY		
Street Address 19 GINGER TRAIL			Street Address 12 ORRIN STREET		
City COVENTRY	State RI	Zip 02816	City WEST WARWICK	State RI	Zip 02816
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name PAUL HUTNAK			Director Name MATTHEW AMARAL		
Street Address 55 RAYMOND'S POINT ROAD			Street Address 36 RAYMOND'S POINT ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name BRETT WINDROW			Director Name DAVID AMARAL		
Street Address 19 GINGER TRAIL			Street Address 20 RAYMOND'S POINT ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
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.					
<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 JAMES MURPHY				Date 06/01/2021	
Signature of Officer/Authorized Representative <i>James Murphy</i>					

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