



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 001695335

**2. Name of Corporation** Interval Owners' Association: The Bay Voyage, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



721110

**4. Principal Office Address**

No. and Street: 10 DORRANCE STREET #700

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:      State:      Zip:      Country:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

TO OWN THE COMMON AREAS AND OPERATE THE TIMESHARE RESORT KNOWN AS THE BAY VOYAGE INN, 150 CONANICUS AVE., JAMESTOWN, RI 02835, AND ANY OTHER PURPOSE THAT IS LAWFUL UNDER RI GENERAL LAWS.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island**

**Corporation shall not be less than 3.**

| <b>Title</b>                 | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| DIRECTOR/SECRETARY/TREASURER | DIANE CHAPMAN                                         | 150 CONANICUS AVE<br>JAMESTOWN, RI 02835 USA                      |
| DIRECTOR/PRESIDENT           | BRENNAN HANDFIELD                                     | 150 CONANICUS AVE<br>JAMESTOWN, RI 02835 USA                      |
| DIRECTOR/VP                  | CRYSTAL ANN KUNZ                                      | 150 CONANICUS AVE<br>JAMESTOWN, RI 02835 USA                      |
| DIRECTOR                     | JENNIFER AVILES                                       | 150 CONANICUS AVE<br>JAMESTOWN, RI 02835 USA                      |
| DIRECTOR                     | DONNA MCARDLE                                         | 150 CONANICUS AVE<br>JAMESTOWN, RI 02835 USA                      |

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET #700 PROVIDENCE , RI 02903

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 17 Day of June, 2021 at 3:30:26 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By DIANE CHAPMAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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