State of Rhode Island
Department of State - Business Services Division

FILED
JUN 16 2021
BY 1222

STAMP
FOR SECRETARY OF STATE USE ONLY

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	2. Exact name of the Corporation
144239	**Crow's Nest Condominium Association**
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Condominium Association for Crow's Nest Condominiums 155-159 Franklin Street, Bristol, RI 02809
4. NAICS Code: 624229 - Other Community H ☑	

6. Principal Office Address	City	State	Zip
C/o 443 Hope Street	Bristol	RI	02809

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

President Name: Joyce C. Rodrigues			Vice-President Name: Joyce C. Rodrigues		
Street Address: 209 Hope Street			Street Address: 209 Hope Street		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809
Secretary Name: Joyce C. Rodrigues			Treasurer Name: Joyce C. Rodrigues		
Street Address: 209 Hope Street			Street Address: 209 Hope Street		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Joyce C. Rodrigues			Director Name: Alfred R. Rego, Jr.		
Street Address: 209 Hope Street			Street Address: 65 Franklin Street		
City: Bristol	State: RI	Zip: 02809	City: Bristol	State: RI	Zip: 02809
Director Name: Joao Filipe			Director Name:		
Street Address: 155 Franklin Street, Unit 8C			Street Address:		
City: Bristol	State: RI	Zip: 02809	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	Date
Joyce C. Rodrigues — Joyce C. Rodrigues	6/11/2021

Signature of Officer/Authorized Representative

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