

FILED



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

JUN 24 2021

BY 1488

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 000064805		2. Exact name of the Corporation Breakwater Village condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association.			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 181 Knight Street		City Warwick	State RI	Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Cara Conaty		Vice-President Name Steven Gibree			
Street Address 1499 Ocean Road, # 98		Street Address 1499 Ocean Road, # 009			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Paul Casinelli		Treasurer Name Ann Tullie			
Street Address 67 Shore Road, # 156		Street Address 1499 Ocean Road, # 131			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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 Cara Conaty		Director Name Steven Gibree			
Street Address 1499 Ocean Road, # 98		Street Address 1499 Ocean Road, # 009			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Paul Casinelli		Director Name Ann Tullie			
Street Address 67 Shore Road, # 156		Street Address 1499 Ocean Road, # 131			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Cara B Conaty				Date 6/11/2021	
Signature of Officer/Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

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

Entity ID Number
000064805

Name of Corporation:
Breakwater Village Condominium Association, Inc

Additional Directors:

Edward Almonte
1499 Ocean Road, #139
Narragansett, RI 02882