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State of Rhode Island and Providence Plantations

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.

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JUN 2 4 2021

1. Entity ID Number	2. Exact name of the Corporation							
57363	Bay Ridge Community Association							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
Rhode Island	Recreational Neighborhood Association							
4. NAICS Code	1							
813319 - Other Social Advoc								
6. Principal Office Address	<u> </u>		City	State	Zip			
49 Rosedale Road			Warwick	RI	02818			
7. List ALL officers (names and ad	dresses)			Check the box to indicate	an attachment			
President Name Henry Day			Vice-President Name Jay Marchant					
Street Address 49 Rosedale Roa	ıd		Street Address 107 Overlook Drive					
City Warwick	State RI	^{Zip} 02818	City Warwick	State RI	^{Zip} 02818			
Secretary Name Jean Rose			Treasurer Name Julie Pierson					
Street Address 116 Baycliff Driv	e		Street Address 45 Primrose Drive					
City Warwick	State RI	^{Zip} 02818	City Warwick	State RI	Zip 02818			
8. List ALL directors (names and a	addresses). RI Co	orporations MUST	list at least THREE directors	Check the box to indi	rate an attachment			
				Chook the best to the	Cate an attachment			
Director Name Charlie Haigh			Director Name Larry Paolilli					
Street Address 100 Beachwood	Drive		Street Address 95 Overlook Drive					
City Warwick	State RI	^{Zip} 02818	City Warwick	State RI	^{Zip} 02818			
Director Name June Marchant			Director Name					
Street Address 220 Beachwood	Drive		Street Address					
	State RI	Zip 02818	City	State	Zip			
City Warwick			Live the Description of Otoba 1	Changes require filing Form	 641.			
9. Registered Agent in Rhode Isla	and. This informati	on is currently of rec	ore in the Department of State. I	ny accompanying sche	dules and			
Under penalty of perjury, I dec statements, and that all statem	ents contained	herein are true ai	ia correct.					
This report must be signed by either the P	resident, Vice-Preside	ent, Secretary, Assistant	Secretary, Treasurer, duly Authorize	d Representative, Receiver or Ti	rustee.			
Name of Officer/Authorized Repr	Date	Date						
Henry Day, President	6/11/2021							
Signature of Officer/Authorized B	epresentative							
Honry L	Join-	SIGN DC	CUMENT 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