



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

No Fee

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

**Domestic Non-Profit
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001684070

2. Name of Corporation Carriage House Condominium Association

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

813910

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 6 HOWE STREET

APT. 2

City or Town: BRISTOL

State: RI

Zip: 02809

Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

HOME OWNERS ASSOCIATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	DOUGLAS LYMAN	6 HOWE STREET, UNIT 2 BRISTOL, RI 02809 USA

DIRECTOR	BARBARA FURTADO	6 HOWE STREET, UNIT 2 BRISTOL, RI 02809 USA
DIRECTOR	WAYNE MELLO	6 HOWE STREET, UNIT 4 BRISTOL, RI 02809 USA

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

DOUGLAS LYMAN 6 HOWE STREET, UNIT 2 BRISTOL , RI 02809

Signed this 3 Day of November, 2021 at 9:30:21 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 DOUGLAS LYMAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

November 03, 2021 09:30 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

