



**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: February 1 - May 1

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: 2022

1. Corporate ID No. 000033971

2. Name of Corporation Bayside Medical Center Building Condominium Association, 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



813920

4. Principal Office Address

No. and Street: 235 PLAIN STREET

City or Town: PROVIDENCE

State: RI

Zip: 02905

Country: USA

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

MEDICAL OFFICE CONDOMINIUM BUILDING OFFERING MEDICAL SERVICES TO THE COMMUNITY

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.

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	DAVID STEIGMAN MD	235 PLAIN STREET PROVIDENCE, RI 02905 USA

TREASURER	EDMUND DOSREMEDIOS	235 PLAIN ST PROVIDENCE, RI 02903 USA
DIRECTOR	DAVID STEIGNAN MD	235 PLAIN ST PROVIDENCE, RI 02903 USA
DIRECTOR	RAYMOND CHAQUETTE	235 PLAIN STREET PROVIDENCE, RI 02905 USA
DIRECTOR	JENNA SCHMIDT	235 PLAIN ST PROVIDENCE, RI 02903 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**

JM PROPERTY SERVICES, INC. 533 GREENBUSH ROAD EAST GREENWICH , RI 02818

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

Signed this 13 Day of July, 2022 at 5:55:01 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 DAVID STEIGMAN
Signature of Authorized Person

Form No. 631
Revised 09/07