



State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023

## Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

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BY 949  
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1. Entity ID Number <b>001724467</b>		2. Exact name of the Corporation <b>37 Garfield Ave Condominium Association</b>			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island  Condominium management located in the Town of Bristol, State of Rhode Island.			
4. NAICS Code <b>531390</b>					
6. Principal Office Address 37 Garfield Avenue			City Bristol	State RI	Zip 02809
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
President Name Sheila Mulcahy			Vice-President Name Gary Mulcahy		
Street Address 37 Garfield Avenue Unit 2			Street Address 37 Garfield Avenue Unit 2		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Sheila Mulcahy			Treasurer Name Sheila Mulcahy		
Street Address 37 Garfield Avenue Unit 2			Street Address 37 Garfield Avenue Unit 2		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
Director Name Sheila Mulcahy			Director Name Karen Sullivan		
Street Address 37 Garfield Avenue Unit 2			Street Address 37 Garfield Avenue Unit 1		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Gary Mulcahy			Director Name		
Street Address 37 Garfield Avenue Unit 2			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.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>Sheila Mulcahy</b>				Date <b>3/1/23</b>	
Signature of Officer/Authorized Representative 					

## MAIL TO:

Division of Business Services

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