	State of Rhode Office of the Secreta		Fee: \$20.00	
/ 🔶 🔪	Division Of Busines			
	148 W. River S	treet		
	Providence RI 029	04-2615		
1636	(401) 222-30	40		
Non-Profit Corporation Annual Report Filing Period: February 1 - May	1			
In accordance with R.I.G.L. 7-6- annual report within the time pre penalty fee of \$25.00.				
ANNUAL REPORT YEAR - ENTER THE <u>CURRENT</u> FILING YEAR <b>2023</b> : <u>2023</u>				
1. Corporate ID No. 000033971				
2. Name of Corporation Bayside Medical Center Building Condominium Association, Inc.				
3. State of Incorporation				
State: <u>RI</u>				
	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 <u>click here.</u>				
NAICS Code				
<u>813920</u>				
4. Principal Office Address				
No. and Street: 235 PLA	IN STREET			
City or Town: <u>PROVID</u>		<u>RI</u> Zip: <u>02905</u>	Country: <u>USA</u>	
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	Ado	Iress	

	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	DR STEPHEN FALKENBERRY	235 PLAIN ST #204 PROVIDENCE, RI 02903 USA
DIRECTOR	DR CAROLINE SKUDLAREK	235 PLAIN ST #401 PROVIDENCE, RI 02903 USA
DIRECTOR	FELECIA CLODIUS	235 PLAIN ST #501 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 29 Day of April, 2023 at 8:24:10 AM 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

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