



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**

MAY 15 2023

BY 215

1. Entity ID Number 000085641		2. Exact name of the Corporation No Bottom Homeowners' Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To maintain all common areas within the subdivision known as No Bottom Subdivision within the town of Westerly.			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address 11 No Bottom Ridge		City Westerly		State RI	Zip 02891
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name G. Douglas Lawrence			Vice-President Name Alexander Bulazel		
Street Address 11 No Bottom Ridge			Street Address 16 Tristram Trace		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Carla Petrocelli			Treasurer Name Judith Bator		
Street Address 19 No Bottom Ridge			Street Address 34 Ice Pond Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 Archie Walker			Director Name Thomas Gomes		
Street Address 7 Oyster Cove			Street Address 30 Ice Pond Road		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Judith Bator			Director Name		
Street Address 34 Ice Pond Road			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Judith Bator				Date 03/20/2023	
Signature of Officer/Authorized Representative 					