



**State of Rhode Island
Department of State - Business Services Division**

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FOR
SECRETARY OF STATE
USE ONLY

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Annual Report for the year: 2024

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.

| | | | | | |
|--|-----------------|--|---|------------------------|---------------------|
| 1. Entity ID Number 000036590 | | 2. Exact name of the Corporation Polo Club Condominium Association | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island CONDOMINIUM ASSOCIATION TITLE: 7-6 | | | |
| 4. NAICS Code 813990 | | | | | |
| 6. Principal Office Address 485 Main Street | | | City Warren | State RI | Zip 02885 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Ann Foley | | | Vice-President Name Kate Bloomer | | |
| Street Address 2 Brandywine Lane | | | Street Address Brandywine Lane | | |
| City Narragansett | State RI | Zip 02882 | City Narragansett | State RI | Zip 02882 |
| Secretary Name Elinor Holman | | | Treasurer Name | | |
| Street Address Brandywine Lane | | | Street Address | | |
| City Narragansett | State RI | Zip 02882 | City | State | Zip |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Harry Cesario | | | Director Name Robert Leonard | | |
| Street Address 1 Whitney Court | | | Street Address 1 Polo Club Rd | | |
| City Narragansett | State RI | Zip 02882 | City Narragansett | State RI | Zip 02882 |
| Director Name <i>Elinor Holman</i> | | | Director Name <i>Kate Bloomer</i> | | |
| Street Address <i>Brandywine Lane</i> | | | Street Address <i>Brandywine Lane</i> | | |
| City <i>Narragansett</i> | State <i>RI</i> | Zip <i>02882</i> | City <i>Narragansett</i> | State <i>RI</i> | Zip <i>02882</i> |
| 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. | | | | | |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i> | | | | | |
| Name of Officer/Authorized Representative Nicholas Balzano | | | | Date 4.30.24 | |
| Signature of Officer/Authorized Representative | | | | FILED 401 | |
| APR 30 2024 | | | | | |
| BY <u><i>MVIRN</i></u> | | | | | |

MAIL TO:
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