



State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
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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 Elinor Holman			Director Name Kate Bloomer		
Street Address Brandywine Lane			Street Address Brandywine Lane		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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 Nicholas Balzano				Date 4.30.24	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

APR 30 2024
BY MVLRN