



State of Rhode Island
Department of State - Business Services Division

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.

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FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 000406838		2. Exact name of the Corporation Surfside Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO ACT AS THE UNIT OWNERS ASSOCIATION IN ACCORDANCE WITH THE DECLARATION AND BYLAWS			
4. NAICS Code 513390					
6. Principal Office Address 498 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 John Thompson			Vice-President Name		
Street Address 20 Narragansett Ave Unit 105			Street Address		
City Narragansett	State RI	Zip 02882	City	State RI	Zip
Secretary Name Eliza Beringhouse Unit 107			Treasurer Name Tanya Maher		
Street Address 20 Narragansett Ave			Street Address 20 Narragansett Ave Unit 607		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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 Joe Cardello			Director Name Wayne Pelland		
Street Address 20 Narragansett Ave Unit 101			Street Address 20 Narragansett Ave Unit 904		
City Narragansett	State RI	Zip 02885	City Narragansett	State RI	Zip 02882
Director Name JOHN THOMPSON			Director Name		
Street Address 20 NARRAGANSETT AVE, UNIT 105			Street Address		
City NARRAGANSETT	State RI	Zip 02882	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.					
<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 					

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

BY

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