



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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1. Entity ID Number 000116489		2. Exact name of the Corporation Bristol Landing Condominium Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To operate condominium ownership property.			
4. NAICS Code 531110					
6. Principal Office Address Seal Island Road, Weetamoe Farm Drive			City Bristol	State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Colette Amendolara			Vice-President Name Jane Markham		
Street Address 7 Seal Island Road			Street Address 8 Seal Island Road		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Laura Tucker			Treasurer Name Steve Barron		
Street Address 32 Seal Island Road			Street Address 67 Seal Island Rd.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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 Robin Campanella			Director Name Deborah Fowler		
Street Address 4 Leyland Court			Street Address 5 Leyland Ct.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Mark Ulrich			Director Name		
Street Address 4 Seal Island Rd.			Street Address		
City Bristol	State RI	Zip 02809	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 Donna Fitzgerald Pedersen					Date 10/25/24
Signature of Officer/Authorized Representative <i>Donna Fitzgerald Pedersen</i>					

FILED

MAIL TO:

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

DEC 13 2024
BY *AXDAS*

FORM 631- Revised 2/2023