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

**Annual Report for the year: 2022**

**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 <b>000116489</b>		2. Exact name of the Corporation <b>Bristol Landing Condominium Association, Inc.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To operate condominium ownership property.</b>			
4. NAICS Code <b>531110</b>					
6. Principal Office Address <b>Seal Island Road, Weetamoe Farm Drive</b>			City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Ken Amylon</b>		Vice-President Name <b>Julia Stasel</b>			
Street Address <b>52 Seal Island Rd.</b>		Street Address <b>8 Seal Island Rd.</b>			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Secretary Name <b>Bill O'Neill</b>		Treasurer Name <b>Bill Yost</b>			
Street Address <b>30 Seal Island Rd.</b>		Street Address <b>30 Seal Island Rd.</b>			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
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 <b>Torre Peterson</b>		Director Name <b>Leslie Barker</b>			
Street Address <b>6 Avenir Court</b>		Street Address <b>38 Seal Island Rd.</b>			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name <b>Leslie Stern</b>		Director Name			
Street Address <b>56 Seal Island Road</b>		Street Address			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>Donna Fitzgerald Pedersen</b>					Date <b>10/25/24</b>
Signature of Officer/Authorized Representative <i>Donna Fitzgerald Pedersen</i>					

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

**FILED**

**DEC 13 2024**  
**BY 2XOAS**

**AA. 12/13/24**

FORM 631- Revised 12/2023