



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2016

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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STATE OF RHODE ISLAND
BUSINESS SERVICES DIVISION

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 Diana Campbell			Vice-President Name John Hassenjaeger		
Street Address 40 Seal Island Rd.			Street Address 42 Seal Island Rd.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Scott Krick			Treasurer Name James O'Connor		
Street Address 28 Seal Island Rd.			Street Address 18 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 Perry Fowler			Director Name Dennis Hogan		
Street Address 5 Leyland Ct.			Street Address 67 Seal Island Rd.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Leslie Barker			Director Name		
Street Address 38 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 **2X04S**

FORM 631- Revised 12/2023