



State of Rhode Island
Department of State - Business Services Division

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STATE
BUSINESS DIV
2021 OCT 29 A 10:31

Annual Report for the year: 2015

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 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 Diane 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 Dennis Hogan | | | Director Name Leslie Barker | | |
| Street Address 67 Seal Island Rd. | | | Street Address 38 Seal Island Rd. | | |
| City Bristol | State RI | Zip 02809 | City Bristol | State RI | Zip 02809 |
| Director Name Laura Tucker | | | Director Name | | |
| Street Address 32 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. | | | | | |
| <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 Donna Fitzgerald Pedersen | | | | | Date 10/25/24 |
| Signature of Officer/Authorized Representative | | | | | |

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

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BY **2XOAS** **AA**
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