State of Rhode Island
Department of State - Business Services Division

FIELD

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.

FEB 18 2025 02
BY 1824

1. Entity ID Number	2. Exact name of the Corporation
000792083	BAY RIDGE CONDOMINIUM ASSOCIATION, INC.
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: MANAGE BAY RIDGE CONDOMINIUMS INCLUDING BUT NOT LIMITED TO ACCOUNTING AND MAINTENANCE AND REPAIRS TO COMMON AREAS
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
59 Osprey Court	Middletown	RI	02842

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: DAVID GREEN			Vice-President Name: JOHN CASEY		
Street Address: 166 BAY RIDGE DRIVE			Street Address: 59 OSPREY CT. UNIT 13C		
City: MIDDLETOWN	State: RI	Zip: 02842	City: MIDDLETOWN	State: RI	Zip: 02842
Secretary Name: KATHLEEN PETZOLD			Treasurer Name: N/A		
Street Address: 174 BAY RIDGE DRIVE			Street Address:		
City: MIDDLETOWN	State: RI	Zip: 02842	City:	State:	Zip:

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: DAVID GREEN			Director Name: JOHN CASEY		
Street Address: 166 BAY RIDGE DRIVE			Street Address: 59 OSPREY CT. UNIT 13C		
City: MIDDLETOWN	State: RI	Zip: 02842	City: MIDDLETOWN	State: RI	Zip: 02842
Director Name: KATHLEEN PETZOLD			Director Name: N/A		
Street Address: 174 BAY RIDGE DRIVE			Street Address:		
City: MIDDLETOWN	State: RI	Zip: 02842	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative: **JOHN CASEY, VICE PRESIDENT**

Date: 02/12/2025

Signature of Officer/Authorized Representative: John S. Casey

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

FORM 631- Revised. 12/2023