



State of Rhode Island
Department of State - Business Services Division

FIELD

Annual Report for the year: 2024

Non-Profit Corporation

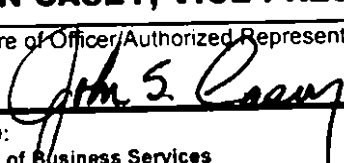
- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number 000792083		2. Exact name of the Corporation 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 59 Osprey Court		City Middletown		State RI	Zip 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 					

MAIL TO:
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