



State of Rhode Island
Department of State - Business Services Division

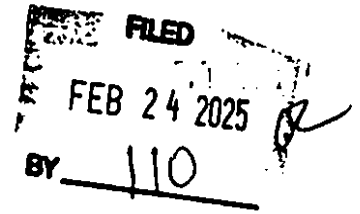
Annual Report for the year: **2025**

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 1737436		2. Exact name of the Corporation Bank Street Condominiums Association, Inc.		
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The Management of the Affairs of the Bank Street Condominiums Association.		
4. NAICS Code 813920				
6. Principal Office Address 17C Bank Street		City Warwick	State RI	Zip 02888
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Thomas Thomson		Vice-President Name Michael Logar		
Street Address 17C Bank Street		Street Address 17B Bank Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI
Secretary Name Nicole Brennan		Treasurer Name Jill MacMurray		
Street Address 17B Bank Street		Street Address 17D Bank Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI
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 Thomas Thomson		Director Name Michael Logar		
Street Address 17C Bank Street		Street Address 17B Bank Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI
Director Name Nicole Brennan		Director Name Jill MacMurray		
Street Address 17B Bank Street		Street Address 17D Bank Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI
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 Thomas Thomson, Director			Date 1/15/25	
Signature of Officer/Authorized Representative 				

MAIL TO:
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