



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 04 2025

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

CBN BY 1274

1. Entity ID Number 110534		2. Exact name of the Corporation Brayton Woods Owners Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Homeowners Association			
4. NAICS Code 813990 - other similar org					
6. Principal Office Address c/o 57 North Christopher Ave			City Tiverton	State RI	Zip 02878
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gordon Craig			Vice-President Name Michael Zmich		
Street Address 57 North Christopher Avenue			Street Address 150 North Christopher Avenue		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Michael Brown			Treasurer Name Eric Simone		
Street Address 314 South Christopher Avenue			Street Address 403 South Christopher Avenue		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
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 Gordon Craig			Director Name Michael Zmich		
Street Address 57 North Christopher Avenue			Street Address 150 North Christopher Avenue		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name Jerry Guillemette			Director Name Ray Dutelle		
Street Address 420 South Christopher Avenue			Street Address 93 North Christopher Avenue		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
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 Gordon Craig				Date 02/25/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov