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.

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BUS SVCS DIV
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1. Entity ID Number	2. Exact name of the Corporation
1776426	Inn on Long Wharf Condominium, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: to operate an owner's association within a timeshare resort
4. NAICS Code: 999999	

6. Principal Office Address	City	State	Zip
142 Long Wharf	Newport	RI	02840

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

President Name: Brennan Handfield			Vice-President Name		
Street Address: 619 Georgetown cCresent			Street Address		
City: Williamsburg	State: VA	Zip: 23185	City	State	Zip
Secretary Name: Gabriel Royo			Treasurer Name		
Street Address: 142 Long Wharf			Street Address		
City: Newport	State: RI	Zip: 02840	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: Brennan Handfield			Director Name: Gabriel Royo		
Street Address: 619 Georgetown Cresent			Street Address: 142 Long Wharf		
City: Williamsberg	State: VA	Zip: 23185	City: Newport	State: RI	Zip: 02840
Director Name: Jennifer Aviles			Director Name		
Street Address: 6277 Sea Harbor Dr.			Street Address		
City: Orlando	State: FL	Zip: 32821	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	Date
Brennan Hardfield, Pres.	6/6/25

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

FILED
JUN 14 2025
BY

FORM 631 - Revised: 12/2023