



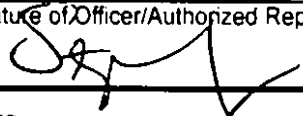
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2020**
 Non-Profit Corporation

- Filing period June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 000060895		2. Exact name of the Corporation Bald Hill Commons Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association.			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address: 181 Knight Street		City Warwick	State RI	Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen M. Hardy		Vice-President Name NONE			
Street Address 50 Main Street, Suite 200		Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Thomas Coucci		Treasurer Name Carmine Olivieri			
Street Address 76 Westminster Street, Suite 1310		Street Address 45 Nooseneck Hill Road, Unit 4			
City Providence	State RI	Zip 02903	City West Greenwich	State RI	Zip 02817
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 Stephen M. Hardy		Director Name Thomas Coucci			
Street Address 50 Main Street, Suite 200		Street Address 76 Westminster Street, Suite 1310			
City East Greenwich	State RI	Zip	City Providence	State RI	Zip 02903
Director Name Carmine Olivieri		Director Name NONE			
Street Address 45 Nooseneck Hill Road, Unit 4		Street Address			
City West Greenwich	State RI	Zip 02817	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Stephen M. Hardy, President				Date 7/20/20	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE FILED	

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

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