



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE;

1. Entity ID No. <u>000115049</u>		2. Exact name of the Corporation <u>19-23 Angell Street Condominium Association, Inc</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Condo Association (813990)</u>	
5. Principal office address <u>222 Broadway</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02903</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Grayson Baird</u>		Vice-President Name <u>Susan Dardo</u>	
Street Address <u>23 S. Angell St. Unit #2</u>		Street Address <u>23 South Angell St Unit #5</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02904</u>		Zip <u>02900</u>	
Secretary Name <u>Rich Jeffrey</u>		Treasurer Name	
Street Address <u>23 S. Angell St unit 3</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip		Zip	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>Grayson Baird</u>		Director Name <u>Susan Dardo</u>	
Street Address <u>23 S. Angell St unit #2</u>		Street Address <u>23 S. Angell St. unit 5</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02900</u>		Zip <u>02900</u>	
Director Name <u>Rich Jeffrey</u>		Director Name	
Street Address <u>23 S. Angell St. unit #3</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip		Zip	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

**FILED** *02*

JUN 12 2018

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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.

Grayson L Baird *6/10/18*  
 Signature of Officer Date

Grayson L. Baird  
 Print or Type Name of Officer

President  
 Title of Officer