



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2019**

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. 000115049		2. Exact name of the Corporation 19-23 Angell Street Condominium Association, Inc			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Condo Association 813990			
5. Principal office address 222 Broadway		City Providence		State RI 02903	Zip
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Grayson Baird			Vice-President Name Susan Dando		
Street Address 19-23 South Angell Street unit 2			Street Address 19-23 South Angell Street unit 5		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Richard Jeffrey			Treasurer Name Richard Jeffrey		
Street Address 19-23 South Angell Street unit 3			Street Address 19-23 South Angell Street unit 3		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Grayson Baird			Director Name Susan Dando		
Street Address 19-23 South Angell Street unit 2			Street Address 19-23 South Angell Street unit 5		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Director Name Richard Jeffrey			Director Name		
Street Address 19-23 South Angell Street unit 3			Street Address		
City Providence	State RI	Zip 02904	City	State	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, duly Authorized Representative, Receiver or Trustee

JUN 27 2019

BY AS

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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

Grayson L. Baird 6-22-19
 Signature of Officer or Authorized Representative Date

Grayson L. Baird
 Print or Type Name of Officer or Authorized Representative