



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

FILED
 JUL 01 2020
 BY 3005
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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.

1. Entity ID Number 000115049		2. Exact name of the Corporation 19-23 Angell Street Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condo Association			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 222 Broadway		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an 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
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 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
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Rani Vails /Divine Investments				Date 06/25/2020	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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