



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2021

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUL 28 P 2:13

- 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 SOUTH ANGELO STREET CONDO. ASSOC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CONDO ASSOCIATION			
4. NAICS Code 813990					
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 23 South Angell St. Unit 2			Street Address 23 SOUTH ANGELO ST #5		
City Providence	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Secretary Name RICHARD JEFFREY			Treasurer Name RICHARD JEFFREY		
Street Address 23 SOUTH ANGELO #3			Street Address 23 SOUTH ANGELO #3		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
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 23 SOUTH ANGELO ST UNIT 2			Street Address 23 SOUTH ANGELO ST. # 5		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Director Name RICHARD JEFFREY			Director Name		
Street Address 23 SOUTH ANGELO #3			Street Address		
City PROVIDENCE	State RI	Zip 02906	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.					
<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 RANI VALES / Divine Investments					Date 7/28/2021
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

JUL 28 2021
BY P. MAZZU
2:13

FORM 631 - Revised 08/2020