



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 52310		2. Name of Corporation CON-LEN CONDOMINIUM ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 19E LARK INDUSTRIAL PARKWAY		City GREENVILLE	Zip RI
5. Foreign corporation. Enter principal office address		City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island 					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEVEN R. DORAZIO			Vice President Name JOHN PEZZILLO		
Street Address 19E LARK INDUSTRIAL PKY			Street Address 19F LARK INDUSTRIAL PKY		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
Secretary Name			Treasurer Name FRANK FIORENZANO		
Street Address			Street Address 19C LARK INDUSTRIAL PKY		
City	State	Zip	City GREENVILLE	State RI	Zip 02828
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name STEVEN R. DORAZIO			Director Name JOHN PEZZILLO		
Street Address ABOVE			Street Address ABOVE		
City	State	Zip	City	State	Zip
Director Name FRANK FIORANZANO			Director Name		
Street Address ABOVE			Street Address		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

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

52310

FILED	
File Date	MAY 20 2009
Check No.	
By: By 166	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer

Date

STEVEN R. DORAZIO

Print or Type Name of Officer

PRESIDENT

Title of Officer