



**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** 2014

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. <b>7830</b>		2. Exact name of the Corporation <b>THIRTY-TEN POST ROAD CONDOMINIUM ASSOCIATION, INC.</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Administering the condominium property of the association</b>			
5. Principal office address <b>3010 Post Road</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) (FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Robert V. Colagiovanni</b>		Vice-President Name <b>Robert V. Colagiovanni</b>			
Street Address <b>3010 Post Road</b>		Street Address <b>3010 Post Road</b>			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>Alfred Ferruolo, Jr.</b>		Treasurer Name <b>Paul Finstein</b>			
Street Address <b>3010 Post Road</b>		Street Address <b>3010 Post Road</b>			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) (FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>Robert V. Colagiovanni</b>		Director Name <b>Alfred Ferruolo, Jr.</b>			
Street Address <b>3010 Post Road</b>		Street Address <b>3010 Post Road</b>			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Director Name <b>Paul Finstein</b>		Director Name			
Street Address <b>3010 Post Road</b>		Street Address			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
<b>This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.</b>					

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

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**

MAY 07 2014

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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.

Signature of Officer or Authorized Representative Robert V. Colagiovanni Date 5/5/14

**Robert V. Colagiovanni, President**  
 Print or Type Name of Officer or Authorized Representative