



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

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 _____ Date 5/5/14

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