



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. 531999		2. Exact name of the Corporation ROSNER AVENUE CONDOMINIUM ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island COLLECTION OF CONDOMINIUM FEES LOCATED AT 1 ROSNER AVENUE, NORTH PROVIDENCE, RI AND PAYMENT OF ASSOCIATED BILLS.			
5. Principal office address 1 ROSNER AVENUE		City NORTH PROVIDENCE		State RI	Zip 02904
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CHRISTINE PITI		Vice-President Name CHRISTINE PITI			
Street Address 1 ROSNER AVENUE UNIT #4		Street Address SAME ADDRESS			
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
Secretary Name VARDHAN KALKUNTE SRINIVASA		Treasurer Name CHRISTINE PITI			
Street Address 1 ROSNER AVENUE UNIT #1		Street Address SAME ADDRESS			
City NORTH PROVIDENCE	State RI	Zip 02904	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name CHRISTINE PITI		Director Name GISELLE VALENCIA			
Street Address 1 ROSNER AVENUE UNIT #4		Street Address 1 ROSNER AVENUE UNIT #2			
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Director Name VARDHAN KALKUNTE SRINIVASA		Director Name FRANCINE MONFILS			
Street Address 1 ROSNER AVENUE UNIT #1		Street Address 1 ROSNER AVENUE UNIT #3			
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
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

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BY 1080

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.

Christine Piti

Signature of Officer or Authorized Representative

5/21/2014

Date

CHRISTINE PITI

Print or Type Name of Officer or Authorized Representative