



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. 95702		2. Exact name of the Corporation City Line Industrial Park Condominium Association Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island The management of an industrial condominium association and all other related business pursuant to R.I.G.L. 34-36 et seq.			
5. Principal office address 11 Knight Street Bldg E-19		City Warwick	State RI	Zip 02886	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) BY CLASSIFICATION <input type="checkbox"/>					
President Name Earl M. Greco, Jr.		Vice-President Name Earl M. Greco, Sr.			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
Secretary Name Earl M. Greco, Sr.		Treasurer Name Earl M. Greco, Jr.			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS <input type="checkbox"/> (X) BOX FOR ATTACHMENT <input type="checkbox"/>					
Director Name Earl M. Greco, Jr.		Director Name Earl M. Greco, Sr.			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
Director Name Kristen Greco		Director Name			
Street Address same as above		Street Address			
City	State	Zip	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

JUN 13 2014

5399

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.

Earl M. Greco, Jr. 5/27/2014
 Signature of Officer or Authorized Representative Date

Earl M. Greco, Jr.
 Print or Type Name of Officer or Authorized Representative