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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 2015

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.	2. Exact name of the Corporation
141059	The Fifth Street Condo Association
3. Incorporation: Rhode Island	4. Brief description of the character of business conducted in Rhode Island: Two household condominium association, homeowner occupied

5. Principal office address	City	State	Zip
133-135 5th St.	Providence	RI	02906

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Bonnie Schultz Platzer	PAULA FOOTER
Street Address: 135 5th St	Street Address: 133 5TH ST.
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906
Secretary Name	**Treasurer Name**
Street Address	Street Address
City State Zip	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) ☐

Director Name	Director Name
Bonnie Schultz Platzer	PAULA FOOTER
Street Address: 135 5th St	Street Address: 133 5TH ST.
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906
Director Name: Elizabeth Cylkowski	Director Name
Street Address: 133 5TH ST.	Street Address
City: Providence State: RI Zip: 02906	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 18 2015
BY 1798

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.

Bonnie Schultz Platzer 5.13.2015
Signature of Officer or Authorized Representative Date

Bonnie Schultz Platzer
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
120974-16-1030963