



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. 45083		2. Exact name of the Corporation PARKVIEW CONDOMINIUM ASSOCIATION			
3. State of Incorporation R.I		4. Brief description of the character of business conducted in Rhode Island CONDOMINIUM ASSOCIATION			
5. Principal office address 1455 MINERAL SPRING AVE			City NO.PROVIDENCE	State R.I	Zip 02904
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Laurence Levey			Vice-President Name Bernard Goushakjian		
Street Address PO BOX 2283			Street Address 117a Turnessa Green		
City Plainville	State Mass	Zip 02762	City North Providence	State R.I	Zip 02904
Secretary Name Rhonda Sugarman			Treasurer Name		
Street Address 36 Indian Woods Way			Street Address		
City Canton	State Mass	Zip 02021	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 Laurence Levey			Director Name Bernard Goushakjian		
Street Address PO BOX 2283			Street Address 117a Turnessa Green		
City Plainville	State Mass	Zip 02762	City North Providence	State R.I	Zip 02904
Director Name Rhonda Sugarman			Director Name		
Street Address 36 Indian Woods Way			Street Address		
City Canton	State Mass	Zip 02021	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

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.

FILED

JUN 04 2015

Signature of Officer or Authorized Representative

Date

LAURENCE LEVEY

Print or Type Name of Officer or Authorized Representative

BY 300610