



**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. <b>115049</b>		2. Exact name of the Corporation <b>19-23 South Angell Street Condominium Association Inc.</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Management of multi-unit Condo Complex on the East Side of Providence</b>			
5. Principal office address <b>Divine Investments, Broadway</b>		City <b>Prov</b>	State <b>RI</b>	Zip <b>02903</b>	
President Name <b>Susan Dando</b>		Vice-President Name <b>Kathy Lawrence</b>			
Street Address <b>193 Slater Ave</b>		Street Address <b>419 Albion Rd #31</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
Secretary Name		Treasurer Name <b>Joe Lebrun</b>			
Street Address		Street Address <b>23 S. Angell St #9</b>			
City	State	Zip	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
<b>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"/></b>					
Director Name <b>Susan Dando</b>		Director Name <b>Kathy Lawrence</b>			
Street Address <b>193 Slater Ave</b>		Street Address <b>419 Albion Rd #31</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
Director Name <b>Joe Lebrun</b>		Director Name			
Street Address <b>23 S. Angell St #9</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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

**FILED**

**JUN 04 2015**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_ **BY 2276**

**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.

Susan Dando June 1, '15  
 Signature of Officer or Authorized Representative Date

SUSAN DANDO  
 Print or Type Name of Officer or Authorized Representative