



**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. 580887		2. Exact name of the Corporation 33 Grove Avenue Condominium Association			
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island To conduct business in accordance to LAWS in the State of R.I. as a NOT for Profit condominium ASSOC.			
5. Principal office address 33 Grove Ave.		City Westerly	State R.I.	Zip 02891	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
President Name ms. Jean Parker			Vice-President Name MARC Lindman		
Street Address 33 Grove Ave - unit 2			Street Address 442 Shannock Rd.		
City Westerly	State R.I.	Zip 02891	City So. Kingstown	State R.I.	Zip 02879
Secretary Name michael Marconi			Treasurer Name Anthony Moroso		
Street Address 33 Grove Ave - unit 3			Street Address 5 David Ave.		
City Westerly	State R.I.	Zip 02891	City Westerly	State R.I.	Zip 02891
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name ms. Jean Parker			Director Name Anthony Moroso		
Street Address 33 Grove Ave - unit 2			Street Address 5 David Ave		
City Westerly	State R.I.	Zip 02891	City Westerly	State R.I.	Zip 02891
Director Name MARC Lindman			Director Name		
Street Address 442 Shannock Rd			Street Address		
City So. Kingstown	State R.I.	Zip 02879	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

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**  
 JUL 08 2015  
 273

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.

Anthony Moroso 7/4/15  
 Signature of Officer or Authorized Representative Date  
 Anthony Moroso - Treasurer  
 Print or Type Name of Officer or Authorized Representative