



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. 566342		2. Exact name of the Corporation Parkis Homeowner's Group Condominiums			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Condominium Association			
5. Principal office address c/o DeFelice Management, 3970 Post Road		City Warwick		State RI	Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Phillip Trotter		Vice-President Name Sam Costello			
Street Address 49 Parkis Avenue, Unit #4		Street Address 39 Parkis Avenue, Unit #2			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Jennifer Rainone		Treasurer Name Kyle Frederick			
Street Address 52 Parkis Avenue, Unit #3		Street Address 39 Parkis Avenue, Unit #3			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Kyle Fredrick		Director Name Jennifer Rainone			
Street Address 39 Parkis Avenue, Unit #3		Street Address 52 Parkis Avenue, Unit #3			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Phillip Trotter		Director Name			
Street Address 49 Parkis Avenue, Unit #4		Street Address			
City Providence	State RI	Zip 02907	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

Form No. 631
Revised: 04/2014

FILED

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By 261355

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.

Signature of Officer or Authorized Representative

Date

Phillip Trotter, President

Print or Type Name of Officer or Authorized Representative