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
566342	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	City	State	Zip
c/o DeFelice Management, 3970 Post Road	Warwick	RI	02886

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

President Name	Street Address	City	State	Zip
Phillip Trotter	49 Parkis Avenue, Unit #4	Providence	RI	02907

Vice-President Name	Street Address	City	State	Zip
Sam Costello	39 Parkis Avenue, Unit #2	Providence	RI	02907

Secretary Name	Street Address	City	State	Zip
Jennifer Rainone	52 Parkis Avenue, Unit #3	Providence	RI	02907

Treasurer Name	Street Address	City	State	Zip
Kyle Frederick	39 Parkis Avenue, Unit #3	Providence	RI	02907

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Kyle Fredrick	39 Parkis Avenue, Unit #3	Providence	RI	02907

Director Name	Street Address	City	State	Zip
Jennifer Rainone	52 Parkis Avenue, Unit #3	Providence	RI	02907

Director Name	Street Address	City	State	Zip
Phillip Trotter	49 Parkis Avenue, Unit #4	Providence	RI	02907

Director Name	Street Address	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.

2015 NOV 17 PM 3:44 RECEIVED
2015 NOV -2 PM 3:46 DEPT OF STATE

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date 3:44pm
Check No
By:
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KM

Form No. 631
Revised: 04/2014

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 9/22/2015

Phillip Trotter, President
Print or Type Name of Officer or Authorized Representative