

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

Filling Period: June 1 - June 30 · This report must be typed or printed legibly.

| | I | e of the Corporation | | | | |
|--|--|---|--|--|--|----------------------|
| 566342 | Parkis Ho | Parkis Homeowner's Group Condominiums | | | | |
| 3. State of Incorporation | | | f business conducted in Fittode | Island | | |
| Rhode Island | Condom | inium Association | | | | |
| 5. Principal office address c/o DeFelice Management, 3970 Post Road | | | City Warwick | State RI | Zip 02886 , | |
| LIST ALL OFFICERS (N | AMES AND ADDR | ESSES) ("X" BOX FOR | ATTACHMENT) | | 115 | |
| resident Name | | | | | | |
| Phillip Trotter | | | Vice-President Name Sam Costello | | | |
| Street Address | | | Street Address | | | |
| 49 Parkis Avenue, Unit #4 | | | 39 Parkis Avenue, Unit #2 | | | |
| City | State | Zip | City | State | Zip | 1 |
| Providence | RI | 02907 | Providence | RI | 02907 | 99 |
| Secretary Name | | | Treasurer Name | | | () |
| Jennifer Rainone | | | | | | (*). |
| Street Address 52 Parkis Avenue, Unit #3 | | | Street Address 39 Parkis Avenue, Unit #3 | | | |
| City | State | Zip | City | State | Zip | |
| Providence | RJ | 02907 | Providence | RI | 02907 |] |
| LIST ALL DIRECTORS ("X" BOX FOR ATTACH Director Name | (NAMES AND ADD MENT) | RESSES). RHODE ISLA | AND CORPORATIONS MUST | LIST NO LESS THAN | THREE (3) DIRE | CTORS |
| Kyle Fredrick | | | Director Name Jennifer Rainone | | | |
| Street Address 39 Parkis Avenue, Unit #3 | | | Street Address 52 Parkis Avenue, Unit #3 | | | |
| City | State | Zip | City | State | Zip CF1 | |
| Providence |]RI | 02907 | Providence | RI | 02907~ | 7.1 |
| Director Name | | | Director Name | | V | #6 4 |
| <u>Phillip Trotte</u> | r | | | | 1 | |
| Street Address | | | Street Address | | 10 | |
| <u>49 Parkis Aven</u> | | | | | | $ \bigcirc$ \wedge |
| | State | Zip | City | State | Zip 🛣 | (/) |
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| Providence | RI | 02907 | <u> </u> | | | |
| Providence B. REGISTERED AGENT II | N RHODE ISLAND | | | | | |
| Providence 3. REGISTERED AGENT II This information is curren | N RHODE ISLAND | o Office of the Secretar | y of State. Changes require f | | 5 | 717 |
| Providence B. REGISTERED AGENT II This information is current This report must be signed if | N RHODE ISLAND | o Office of the Secretar | ry of State. Changes require f | | 5 | coiver |
| Providence B. REGISTERED AGENT II This information is current This report must be signed if | N RHODE ISLAND | o Office of the Secretar | | | 5 | coiver |
| | N RHODE ISLAND | e Office of the Secretar ent, Vice-President, Secr | retary, Assistant Secretary, Trea | esurer, duly Authorized | Representative, Re | |
| Providence B. REGISTERED AGENT II This information is current This report must be signed if | N RHODE ISLAND | o Office of the Secretar | retary, Assistant Secretary, Trea Under penalty of parj this report, including | asurer, duly Authorized : ury, I declare and affir any accompanying ac | Representative, Remains that I have exactled and state | mined emenis, |
| Providence B. REGISTERED AGENT II This information is current this report must be signed if Trustee File Date | N RHODE ISLAND If the record in the control of the | e Office of the Secretar ent, Vice-President, Secr 3 . 44pm | retary, Assistant Secretary, Trea Under penalty of parj this report, including | asurer, duly Authorized : ury, I declare and affir | Representative, Remains that I have exactled and state | mined emenis, |
| Providence REGISTERED AGENT II This information is curren this report must be signed in Trustee | N RHODE ISLAND If the record in the control of the | e Office of the Secretar ent, Vice-President, Secr | retary, Assistant Secretary, Trea Under penalty of parj this report, including | asurer, duly Authorized : ury, I declare and affir any accompanying ac | Representative, Remains that I have exactled and state | mined emenis, |
| Providence B. REGISTERED AGENT II This information is current this report must be signed if Trustee File Date | N RHODE ISLAND tity of record in the by either the President | o Office of the Secretar ent, Vice-President, Secr 3:44pm FILED | retary, Assistant Secretary, Trea Under penalty of parj this report, including | asurer, duly Authorized : ury, I declare and affir any accompanying ac | Representative, Remains that I have exactled and state | mined emenis, |
| Providence B. REGISTERED AGENT II This information is curren This report must be signed if Trustee File Date Check No By: | N RHODE ISLAND Ithy of record in the by either the President Control of the Cont | o Office of the Secretar ent, Vice-President, Secr 3:44pm FILED | Under penalty of perithis report, including and that all statement | asurer, duly Authorized : ury, I declare and affir any accompanying ac | Representative, Remains that I have exactled and state true and correct and state true and state | mined emenis, |
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| Providence B. REGISTERED AGENT II This information is curren This report must be signed if It Trustee File Date Check No By: FOR SECRETARY OF ST | N RHODE ISLAND IN RHODE ISLAND IN PROPERTY IN THE PRESIDENT IN THE PRESIDE | o Office of the Secretar ent, Vice-President, Secr 3 . 44pm FILED DV 172015 | Under penalty of perithis report, Including and that all statement signature of Officer of Phillip Trotter, Principles | ury, I declare and affir any accompanying ac ts contained herein ar Authorized Representat | m that I have exachedules and state true and correct true and correct Date Output | mined emenis, |
| Providence B. REGISTERED AGENT II This information is curren This report must be signed if Trustee File Date Check No By: | N RHODE ISLAND Ithy of record in the by either the President Control of the Cont | o Office of the Secretar ent, Vice-President, Secr 3 . 44pm FILED DV 172015 | Under penalty of perithis report, Including and that all statement signature of Officer of Phillip Trotter, Principles | ury, I declare and affir any accompanying at ts contained herein ar Authorized Representation | m that I have exachedules and state true and correct true and correct Date Output | mined emenis, |