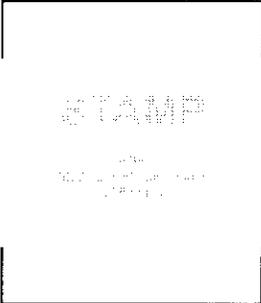




**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
45083		Parkview Condominium Association			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
R.I		Condo Association			
5. Principal Office Address		City	State	Zip	
1455 Mineral Spring Ave		North Providence	R.I	02904	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Laurence Levey		Vice-President Name Rhonda Sugarman			
Street Address PO Box 2283		Street Address 36 Indian Woods Way			
City Plainville	State MASS	Zip 02762	City Canton	State MASS	Zip 02021
Secretary Name Suzanne Marcotte		Treasurer Name Suzanne Marcotte			
Street Address 50 Jane Street		Street Address 50 Jane Street			
City No. Providence	State R.I	Zip 02904	City No. Providence	State R.I	Zip 02904
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Laurence Levey		Director Name Suzanne Marcotte			
Street Address PO BOX 2283		Street Address 50 Jane Street			
City Plainville	State MASS	Zip 02762	City No. Providence	State R.I	Zip 02904
Director Name Rhonda Sugarman		Director Name			
Street Address 36 Indian Woods Way		Street Address			
City Canton	State MASS	Zip 02021	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Laurence Levey(president)				Date 6/2/2016	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	

FILED

JUN 06 2016

BY KL 760