



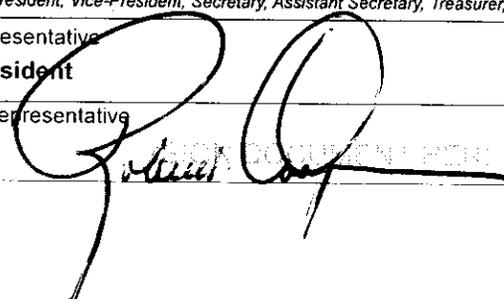
**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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	
7830		THIRTY-TEN POST ROAD CONDOMINIUM ASSOCIATION, INC.	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
Rhode Island		Administering the condominium property of the association	
5. Principal Office Address		City	State
3010 Post Road		Warwick	RI
		Zip	02886
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert V. Colagiovanni		Vice-President Name Daniel R. Angelone	
Street Address 3010 Post Road		Street Address 3010 Post Road	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
Secretary Name Marc R. Colagiovanni		Treasurer Name Christina M. Angelone-Gatteri	
Street Address 3010 Post Road		Street Address 3010 Post Road	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
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 Robert V. Colagiovanni		Director Name Daniel R. Angelone	
Street Address 3010 Post Road		Street Address 3010 Post Road	
City Warwick	State RI	City Warwick	State RI
Zip 02886		Zip 02886	
Director Name Marc R. Colagiovanni		Director Name Christina M. Angelone-Gatteri	
Street Address 3010 Post Road		Street Address 3010 Post Road	
City Warwick	State RI	City Warwick	State RI
Zip 02882		Zip 02886	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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>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 Robert V. Colagiovanni, President			Date 6-6-16
Signature of Officer/Authorized Representative 			

FILED

JUN 08 2016

By KL 29341