



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

148 W. River Street, Providence, Rhode Island 02904-2615
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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 <u>41035</u>		2. Exact name of the Corporation <u>Grandview Condominium Association, Inc.</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Management of condominium</u>	
5. Principal Office Address <u>11 Grandview Street</u>		City <u>Coventry</u>	State <u>RI</u>
		Zip <u>02816</u>	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Frank Connell</u>		Vice-President Name <u>Robert Barrett</u>	
Street Address <u>17 Biscuit Hill Rd.</u>		Street Address <u>11 Grandview St.</u>	
City <u>Foster</u>	State <u>RI</u>	Zip <u>02825</u>	City <u>Coventry</u>
			State <u>RI</u>
			Zip <u>02816</u>
Secretary Name <u>Anthony Leahy</u>		Treasurer Name <u>Sandra Stanzione</u>	
Street Address <u>989 Fish Hill Rd.</u>		Street Address <u>19 Tanglewood Dr.</u>	
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>West Greenwich</u>
			State <u>RI</u>
			Zip <u>02817</u>
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 <u>Robert Barrett</u>		Director Name <u>Michael A. Stanzione</u>	
Street Address <u>11 Grandview St.</u>		Street Address <u>19 Tanglewood Dr.</u>	
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	City <u>W. Greenwich</u>
			State <u>RI</u>
			Zip <u>02817</u>
Director Name <u>Anthony Leahy</u>		Director Name	
Street Address <u>989 Fish Hill Rd.</u>		Street Address	
City <u>Coventry</u>	State <u>RI</u>	Zip <u>02816</u>	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.			
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 <u>Sandra D. Stanzione</u>			Date <u>6-4-16</u>
Signature of Officer/Authorized Representative <u>Sandra D. Stanzione</u>			

FILED

JUN 08 2016

By KL 2677