



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

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUN 10 AM 10:1

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			
871849		1543 NARRAGANSETT BOULEVARD CONDOMINIUM ASSOCIATION, INC			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		MANAGE THE HOMEOWNERS ASSOCIATION			
5. Principal Office Address		City	State	Zip	
275 WEST NATICK ROAD		WARWICK	RI	02886	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name		Vice-President Name			
GARY DOMENIL MARINOSCI					
Street Address		Street Address			
275 WEST NATICK ROAD					
City	State	Zip	City	State	Zip
WARWICK	RI	02886			
Secretary Name		Treasurer Name			
SALVATORE MARINOSCI		GARY DOMENIL MARINOSCI			
Street Address		Street Address			
275 WEST NATICK ROAD		275 WEST NATICK ROAD			
City	State	Zip	City	State	Zip
WARWICK	RI	02886	WARWICK	RI	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		Director Name			
GARY DOMENIL MARINOSCI		STEVEN MARINOSCI			
Street Address		Street Address			
275 WEST NATICK ROAD		275 WEST NATICK ROAD			
City	State	Zip	City	State	Zip
WARWICK	RI	02886	WARWICK	RI	02886
Director Name		Director Name			
SALVATORE MARINOSCI					
Street Address		Street Address			
275 WEST NATICK ROAD					
City	State	Zip	City	State	Zip
WARWICK	RI	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
GARY DOMENIL MARINOSCI				6/8/16	
Signature of Officer/Authorized Representative					

FILED

JUN 10 2016

By 276386

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