



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000913494

**2. Name of Corporation** Condominium Assoc of Belvedre at Hope Condominium

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 20 NEWMAN AVENUE, SUITE 1005

City or Town: RUMFORD

State: RI Zip: 02916 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO ORGANIZE THE COLLECTIVE INDIVIDUAL CONDO OWNERS FOR THE PURPOSES OF MAINTAINING THEIR COMMON AREA PROPERTY.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	JAMES W ROITER	845 UN PLAZA, APT 76A NEW YORK, NY 10017 USA
DIRECTOR	PAUL TOBAK	PO BOX 125 NEWPORT, RI 02840 USA

DIRECTOR

JEFFREY SPRATT

20 NEWMAN AVE, SUITE 1005  
RUMFORD, RI 02916 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SEAN COEN RUMFORD CENTER 20 NEWMAN AVENUE RUMFORD , RI 02916

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 16 Day of June, 2016 at 10:19:26 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By JENIFER F. RODRIGUES  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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