



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

Annual Report for the year: 2016
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

STAMP

FOR

1. Entity ID Number 799179		2. Exact name of the Corporation BROADWAY AND DEAN CONDOMINIUM ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island CONDOMINIUM HOME OWNER'S ASSOC - MAINTENANCE OF REAL ESTATE			
5. Principal Office Address 1135 CHARLES STREET		City NO. PROVIDENCE	State RI	Zip 02904	
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name NATALIE ZERVAS		Vice-President Name RUBINA KHAN			
Street Address 156 BROADWAY #4		Street Address 156 BROADWAY #3			
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Secretary Name ALAN MILES		Treasurer Name WILLIAM R. D'AMICO, II			
Street Address 156 BROADWAY #4		Street Address 1135 CHARLES STREET			
City PROVIDENCE	State RI	Zip 02906	City NO. PROVIDENCE	State RI	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 WILLIAM R. D'AMICO, II		Director Name LIANA D'AMICO			
Street Address 1135 CHARLES STREET		Street Address 1135 CHARLES STREET			
City NO. PROVIDENCE	State RI	Zip 02904	City NO. PROVIDENCE	State RI	Zip 02904
Director Name NATALIE ZERVAS		Director Name			
Street Address 156 BROADWAY #4		Street Address			
City PROVIDENCE	State RI	Zip 02906	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 <i>William R. D'Amico II</i>				Date <i>6-16-16</i>	
Signature of Officer/Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE	

FILED *or*

JUN 20 2016

BY 1143

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov