



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.** 000076988

**2. Name of Corporation** Park Terrace Condominium Association

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 48 HAMLET AVENUE

City or Town: WOONSOCKET

State: RI Zip: 02895 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**

THE MANAGEMENT AND MAINTENANCE OF THE PARK TERRACE  
CONDO.ASSOCIATION.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
PRESIDENT	ANTHONY CAMARA	5 HARDING STREET COVENTRY, RI 02816 USA
SECRETARY	JOHN SULLIVAN	1750 WASHINGTON STREET #5 BOSTON, MA 02118 USA

VICE PRESIDENT	DOMENIC LANCELLOTTA	46 ESMOND STREET SMITHFIELD, RI 02917 USA
DIRECTOR	ANTHONY CAMARA	5 HARDING STREET COVENTRY, RI 02816 USA
DIRECTOR	JOHN SULLIVAN	1750 WASHINGTON STREET #5 BOSTON, MA 02118 USA
DIRECTOR	DOMENIC LANCELLOTTA	46 ESMOND STREET SMITHFIELD, RI 02917 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**

FIRST CHOICE PROPERTY MANAGEMENT 48 HAMLET AVENUE WOONSOCKET , RI 02895

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

**Signed this 27 Day of June, 2016 at 3:54:27 PM 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 NICOLE CLERMONT  
Signature of Authorized Person

Form No. 631  
Revised 09/07