



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.

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SECRETARY OF STATE
CORPORATIONS DIV

2016 JUL 12 PM 12:23

1. Entity ID Number 164051		2. Exact name of the Corporation The Grand Kenyon Condominium Association, Inc			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Condo Association			
5. Principal Office Address 107 medway street #B		City Providence	State RI	Zip 02906	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Zawacki			Vice-President Name Amy Pavia-Zawacki		
Street Address 107 medway street #B			Street Address 107 medway street #B		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Amy Pavia-Zawacki			Treasurer Name David Zawacki		
Street Address 107 medway street #B			Street Address 107 medway street #B		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 David Zawacki			Director Name Amy Pavia-Zawacki		
Street Address 107 medway street #B			Street Address 107 medway street #B		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Joseph Piccardi			Director Name		
Street Address Two Damien Ct			Street Address		
City North Providence	State RI	Zip 02911	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative 				Date 7/12/16	
Signature of Officer/Authorized Representative David Zawacki				SIGN DOCUMENT HERE	

FILED

JUL 12 2016

By

278785

A.A.

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov