



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

Annual Report for the year: 2017

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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 BUS SVCS DIV
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1. Entity ID Number 70709		2. Exact name of the Corporation Warren Avenue Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To oversee the operation of projects			
4. NAICS Code 813990					
6. Principal Office Address 19 Warren Avenue			City North Providence	State RI	Zip 02911
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Barth			Vice-President Name Jason Lourenco		
Street Address 19 Warren Avenue #6			Street Address 13 Ames Street		
City North Providence	State RI	Zip 02911	City West Warwick	State RI	Zip 02911
Secretary Name Emma Sepulveda			Treasurer Name Linda Leal		
Street Address 19 Warren Avenue #5			Street Address 6 Holmes Avenue		
City North Providence	State RI	Zip 02911	City Rumford	State RI	Zip 02916
8. 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 John Barth			Director Name Linda Leal		
Street Address 19 Warren Avenue			Street Address 6 Holmes Avenue		
City North Providence	State RI	Zip 02911	City Rumford	State RI	Zip 02916
Director Name Emma Sepulveda			Director Name		
Street Address 19 Warren Avenue			Street Address		
City Rumford	State RI	Zip 02911	City	State	Zip
9. 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 Linda Leal					Date
Signature of Officer/Authorized Representative <i>Linda Leal</i>					

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

FILED
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 BY: *JPB* 305910