RI SOS Filing Number: 201745759310 Date: 6/16/2017 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation
521211	**Angels on Greene Condominiums**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Collection of maintenance fees from residents, use of maintenance fees for maintenance of common areas.**
4. NAICS Code: **813990 - Other Similar Orga**	

6. Principal Office Address	City	State	Zip
23 Greene St, Unit B	**Warren**	**RI**	**02885**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Mary Jackson**			Vice-President Name **Katherine Smith**		
Street Address **23 Greene St, Unit E**			Street Address **23 Greene St, Unit A**		
City **Warren**	State **RI**	Zip **02885**	City **Warren**	State **RI**	Zip **02885**
Secretary Name **Regina Merlino**			Treasurer Name **Thomas Smith**		
Street Address **23 Greene St, Unit D**			Street Address **23 Greene St, Unit B**		
City **Warren**	State **RI**	Zip **02885**	City **Warren**	State **RI**	Zip **02885**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **Mary Jackson**			Director Name **Katherine Smith**		
Street Address **23 Greene St, Unit E**			Street Address **23 Greene St, Unit A**		
City **Warren**	State **RI**	Zip **02885**	City **Warren**	State **RI**	Zip **02885**
Director Name **Regina Merlino**			Director Name **Thomas Smith**		
Street Address **23 Green St, Unit D**			Street Address **23 Greene St, Unit B**		
City **Warren**	State **RI**	Zip **02885**	City **Warren**	State **RI**	Zip **02885**

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.

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

Name of Officer/Authorized Representative	Date
Thomas E. Smith, Treasurer	**6/13/17**

Signature of Officer/Authorized Representative: Thomas E Smith

FILED
JUN 16 2017
BY 1011

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

FORM 631 - Revised: 05/2017