State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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2017 JUN 22 PM 1:51

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
95702	**City Line Industrial Park Condominium Association Inc.**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Management of an industrial condominium association and all other related business pursuant to R.I.G.L 34-36 et seq.**
4. NAICS Code: **813990 - Other Similar Orga**	

6. Principal Office Address	City	State	Zip
11 Knight Street, Bldg E-19	**Warwick**	**RI**	**02886**

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

President Name **Earl M. Greco, Jr.**			Vice-President Name **Earl M. Greco, Sr.**		
Street Address **same as above**			Street Address **same as above**		
City	State	Zip	City	State	Zip
Secretary Name **Earl M. Greco, Sr.**			Treasurer Name **Earl M. Greco, Jr.**		
Street Address **same as above**			Street Address **same as above**		
City	State	Zip	City	State	Zip

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

Director Name **Earl M. Greco, Jr.**			Director Name **Earl M. Greco, Sr.**		
Street Address **same as above**			Street Address **same as above**		
City	State	Zip	City	State	Zip
Director Name **none** Michael Greco			Director Name **none**		
Street Address Same as Above			Street Address		
City	State	Zip	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.

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: **Earl M. Greco, Jr., President** — Date: 4/15/2017

Signature of Officer/Authorized Representative

FILED
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BY CA 306637

MAIL TO:
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Website: www.sos.ri.gov

FORM 631 - Revised: 05/2017