



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 <b>157819</b>		2. Exact name of the Corporation <b>Geneva Mills Condo Association</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>CONDO ASSOCIATION</b>			
4. NAICS Code <b>813910</b>					
6. Principal Office Address <b>117 Douglas Ave</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Steven Lancia</b>			Vice-President Name		
Street Address <b>117 Douglas Ave</b>			Street Address		
City <b>N. Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>LORE ALBANESE</b>			Director Name <b>Stacey Piccolo</b>		
Street Address <b>117 Douglas Ave</b>			Street Address <b>117 Douglas Ave</b>		
City <b>N. Prov.</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>N. Prov.</b>	State <b>RI</b>	Zip <b>02904</b>
Director Name <b>Marybeth Sulkowski</b>			Director Name		
Street Address <b>117 Douglas Ave</b>			Street Address		
City <b>N. Prov.</b>	State <b>RI</b>	Zip <b>02904</b>	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.					
<b>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.</b>					
<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 <b>Steven Lancia</b>				Date <b>6/14/2017</b>	
Signature of Officer/Authorized Representative <i>[Signature]</i>				<b>FILED</b> <b>JUN 22 2017</b>	

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

1031