



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

2017 JUN 30 PM 1:22

1. Entity ID Number 645190		2. Exact name of the Corporation Providence Apartment Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To enhance the wellbeing of the City of Providence by advocating for sensible tax and fiscal policies that will foster a healthy housing market			
4. NAICS Code 813910 - Business Associati					
6. Principal Office Address 1301 Atwood Avenue, Suite 215 N			City Johnston	State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Patch			Vice-President Name None		
Street Address 97 Emeline Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name John Dooley			Treasurer Name Thomas Lopardo		
Street Address 85 Gold Mine Road			Street Address 7 Strawberry Lane		
City Chepachet	State RI	Zip 02814	City Johnston	State RI	Zip 02919
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 Dooley			Director Name Thomas Lopardo		
Street Address 85 Gold Mine Road			Street Address 7 Strawberry Lane		
City Chepachet	State RI	Zip 02814	City Johnston	State RI	Zip 02919
Director Name Michael Patch			Director Name		
Street Address 97 Emeline Street			Street Address		
City Providence	State RI	Zip 02906	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 Thomas Lopardo					Date 6-30-17
Signature of Officer/Authorized Representative <i>Thomas Lopardo</i>					

FILED

JUN 30 2017

BY 46307369

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