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

STAMP

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 **61346**	2. Exact name of the Corporation **Nightingale Estate Condominium Homeowners Association, Inc.**
3. State of Incorporation **RI**	5. Brief description of the character of business conducted in Rhode Island **Manage the affairs of the condominium associaiton**
4. NAICS Code **813990 - Other Similar Orga**	

6. Principal Office Address	City	State	Zip
181 Knight Street	**Warwick**	**RI**	**02886**

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

President Name **Mark Allio**			Vice-President Name **Stephen Feinstein**		
Street Address **125 Prospect Street, #13**			Street Address **125 Prospect Street, #4**		
City **Providence**	State **RI**	Zip **02906**	City **Providence**	State **RI**	Zip **02906**
Secretary Name **Marybeth Fafard**			Treasurer Name **William Pearson**		
Street Address **125 Prospect Street, #5**			Street Address **125 Prospect Street, #9**		
City **Providence**	State **RI**	Zip **02906**	City **Providence**	State **RI**	Zip **02906**

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

Director Name **Mark Allio**			Director Name **Stephen Feinstein**		
Street Address **125 Prospect Street, #13**			Street Address **125 Prospect Street, #4**		
City **Providence**	State **RI**	Zip **02906**	City **Providence**	State **RI**	Zip **02906**
Director Name **Marybeth Fafard**			Director Name **William Pearson**		
Street Address **125 Prospect Street, #5**			Street Address **125 Prospect Street, #9**		
City **Providence**	State **RI**	Zip **02906**	City **Providence**	State **RI**	Zip **02906**

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
Mark Allio, President	6/22/17

Signature of Officer/Authorized Representative — SIGN DOCUMENT HERE

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
JUN 30 2017
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FORM 631 - Revised: 05/2017