RI SOS Filing Number: 201747032510 Date: 7/3/2017 4:00:00 PM

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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.

4.5.00.15.41							
1. Entity ID Number 52310		2. Exact name of the Corporation  CON-LEN CONDOMINIUM ASSOCIATION					
State of Incorporation	4. Brief des	Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND		MANAGE EXPENSES FOR CONDO. UNITS					
5. Principal Office Address			City	State	Zip		
19E LARK INDUSTRIAL PKY			GREENVILLE	RI	02828		
6. List ALL officers (names ar			Check the box to indicate an attachment				
President Name STEVEN R. DORAZIO			Vice-President Name JOHN PEZZILLO				
Street Address 19E LARK INDUSTRIAL PKY			Street Address 19E LARK INDUSTRIAL PKY				
City GREENVILLE	State RI	Zip <b>02828</b>	City GREENVILLE	State RI	<sup>Zip</sup> 02828		
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
7. List ALL directors (names a	nd addresses).	RI Corporations M	UST list at least THREE direct				
Director Name		-	Direct - M		to indicate an attachment		
Director Name STEVEN R. DORAZIO			Director Name JOHN PEZZILLO				
Street Address ABOVE			Street Address ABOVE				
City	State	Zip	City	State	Zip		
Director Name FRANK FIORENZANO			Director Name				
Street Address 19 LARK INDUSTRIAL PKY			Street Address				
City GREENVILLE	State RI	Zip <b>02828</b>	City	State	Zip		
8. Registered Agent in Rhode	Island. This infor	mation is currently of	record in the Department of State	. Changes require filinç	Form 641.		
Under penalty of perjury, I destatements, and that all state	eclare and affir ements contain	m that I have exa ed herein are true	mined this report, including e and correct.	any accompanying	schedules and		
This report must be signed by either the				zed Representative, Recei	ver or Trustee.		
Name of Officer/Authorized Representative Date							
Steven 1	So Do	RAZIO		6/20	117		
Signature of Officer/Authorized	Representative	wear on	the second second				
•	)						

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
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