



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

Annual Report for the year:
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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1. Entity ID Number 1663983		2. Exact name of the Corporation Clack Tower East Condo Association		
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condo Assoc		
4. NAICS Code 813910				
6. Principal Office Address 169 George St.		City Providence	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name Alia Fadili		Vice-President Name		
Street Address 169 George St.		Street Address		
City Providence	State RI	Zip 02860	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
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 Alia Fadili		Director Name Denise Fadili		
Street Address 295 W Wyoming Ave		Street Address 295 W Wyoming Ave		
City Stoughton	State MA	Zip 02180	City Stoughton	State MA
Director Name Amir Fadili		Director Name		
Street Address 295 W Wyoming Ave		Street Address		
City Stoughton	State MA	Zip 02180	City	State
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.				
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>				
Name of Officer/Authorized Representative Alia Fadili Director			Date 7/11/17	
Signature of Officer/Authorized Representative <i>[Signature]</i>				

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

JUL 27 2017

BY CW 309151

FORM 631 - Revised: 06/2017