



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

Annual Report for the year:
Non-Profit Corporation

2017

- 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 000965400		2. Exact name of the Corporation PROSPECT CONDOMINIUM INC			
3. State of Incorporation R.I. 000965400		5. Brief description of the character of business conducted in Rhode Island OWNED OCCUPIED RESIDENCE			
4. NAICS Code 813910					
6. Principal Office Address 19 WEST BEL AIR RD			City CRASTON	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOE CROSBY			Vice-President Name		
Street Address 19 WEST BEL AIR RD			Street Address		
City CRASTON	State RI	Zip 02920	City	State	Zip
Secretary Name KERRY IZZY			Treasurer Name ED JOHNSON		
Street Address 103 C PROSPECT HILL AVE			Street Address 101 PROSPECT HILL AVE		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
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 JOE CROSBY			Director Name ED JOHNSON		
Street Address 19 WEST BEL AIR RD			Street Address 101 PROSPECT HILL AVE		
City CRASTON	State RI	Zip 02920	City WEST WARWICK	State RI	Zip 02893
Director Name KERRY IZZY			Director Name		
Street Address 103 C PROSPECT HILL AVE			Street Address		
City WEST WARWICK	State RI	Zip 02893	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 JOE CROSBY PRESIDENT				Date 7/31/17	
Signature of Officer/Authorized Representative <i>Joe Crosby</i>					

FILED ✓

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

AUG 21 2017

BY 133 FORM 631 - Revised: 06/2017