



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.

1. Entity ID Number <u>115049</u>		2. Exact name of the Corporation <u>19-23 South Angell St Condominium</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Managing Condo Complex (813990)</u>	
5. Principal Office Address <u>222 Broadway</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02903</u>
6. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name <u>Grayson Baird</u>		Vice-President Name <u>Susan Dando</u>	
Street Address <u>23 South Angell St #2</u>		Street Address <u>23 South Angell St #5</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
Secretary Name <u>Richard Jeffrey</u>		Treasurer Name	
Street Address <u>23 South Angell #3</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name <u>Grayson Baird</u>		Director Name <u>Susan Dando</u>	
Street Address <u>23 South Angell St #2</u>		Street Address <u>23 South Angell #5</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
Director Name <u>Richard Jeffrey</u>		Director Name	
Street Address <u>23 South Angell #3</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State Zip
8. 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 <u>Grayson L. Baird, Ph.D.</u>			Date <u>11-3-17</u>
Signature of Officer/Authorized Representative <u>Grayson L Baird</u>			SIGN DOCUMENT HERE

FILED

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MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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FORM 631 - Revised: 05/2016