



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 001665341		2. Exact name of the Corporation The Residences at Limerock Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Condominium Association			
4. NAICS Code 813990					
6. Principal Office Address 1 Calcagni Place			City Greenville	State RI	Zip 02828
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Louis Calcagni, Jr.			Vice-President Name Louis Calcagni III		
Street Address 1 Calcagni Place			Street Address 3 Kevins Way,		
City Greenville	State RI	Zip 02828	City South Walpole	State MA	Zip 02071
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Joseph Tudino			Director Name Louis Calcagni Jr.		
Street Address 915 Smith Street			Street Address 1 Calcagni Place		
City Providence	State RI	Zip 02908	City Greenville	State RI	Zip 02828
Director Name Louis Calcagni III			Director Name		
Street Address 3 Kevins Way			Street Address		
City South Walpole	State MA	Zip 02071	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 Joseph Tudino					Date 2-7-18
Signature of Officer/Authorized Representative					FILED FEB 09 2018 BY <u>005935</u>
SIGN DOCUMENT HERE					