



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

STAMP

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 153751		2. Exact name of the Corporation 188 Benefit Street Condominium Association, Inc.			
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 c/o SeaLegs Property Group, 111 Medway Street		City Providence		State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Helen MacDonald			Vice-President Name		
Street Address 188 Benefit Street			Street Address 188 Benefit Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Karen Lustig			Treasurer Name Christopher Marsella		
Street Address 188 Benefit Street RI 02903			Street Address 188 Benefit Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 Helen MacDonald			Director Name Christopher Marsella		
Street Address 188 Benefit Street			Street Address 188 Benefit Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Karen Lustig			Director Name		
Street Address 188 Benefit Street			Street Address		
City Providence	State RI	Zip 02903	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.					
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 ✓ Christopher Marsella				Date ✓ 3/15/18	
Signature of Officer/Authorized Representative ✓ [Signature]				SIGN DOCUMENT HERE	

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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FORM 631 - Revised: 11/2017