



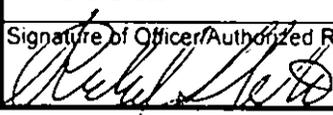
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV.
 2018 APR 25 AM 11:12

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 7980		2. Exact name of the Corporation GREENWICH ESTATES, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island THE MANAGEMENT OF ALL AFFAIRS OF THE GREENWICH ESTATES CONDOMINIUM 813990			
5. Principal Office Address 33 College Hill Road, Suite 5B			City Warwick	State RI	Zip 02886
6. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nick LaManna			Vice-President Name Lisa King		
Street Address 565 Quaker Lane, Unit 3			Street Address 565 Quaker Lane, Unit 73		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Anne Marie Teixeira			Treasurer Name Richard Slater		
Street Address 565 Quaker Lane, Unit 88			Street Address 565 Quaker Lane, Unit 13		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
7. 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 Nick LaManna			Director Name Lisa King		
Street Address 565 Quaker Lane, Unit 3			Street Address 565 Quaker Lane, Unit 73		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Anne Marie Teixeira			Director Name Richard Slater		
Street Address 565 Quaker Lane, Unit 88			Street Address 565 Quaker Lane, Unit 13		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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.					
<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 Richard Slater				Date 4/11/18	
Signature of Officer/Authorized Representative 				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
APR 25 2018
 BY  329414.
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