



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000503797

**2. Name of Corporation** IRVING SLATER LANDING CONDOMINIUM ASSOCIATION

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
813910

**4. Corporate Address in Rhode Island**

No. and Street: 184 IRVING AVENUE, #2  
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

THE PURPOSE OF THE IRVING SLATER LANDING CONDOMINIUM ASSOCIATION IS TO BE THE ASSOCIATION TO WHICH REFERENCE IS MADE IN THE DECLARATION OF THE IRVING SLATER LANDING CONDOMINIUM ASSOCIATION LOCATED IN THE CITY OF PROVIDENCE, COUNTY OF PROVIDENCE, STATE OF RHODE ISLAND, AND TO PROVIDE AN ENTITY FOR THE FURTHERANCE OF THE INTERESTS OF THE UNIT OWNERS. THE ASSOCIATION SHALL HAVE THE RESPONSIBILITY OF ADMINISTERING THE CONDOMINIUM, ESTABLISHING THE MEANS AND METHODS OF COLLECTING

ASSESSMENTS AND CHARGES, ARRANGING FOR THE MANAGEMENT OF THE CONDOMINIUM AND PERFORMING ALL OTHER ACTS THAT MAY BE REQUIRED OR PERMITTED TO BE PERFORMED BY THE ASSOCIATION PURSUANT TO THE ACT AND THE DECLARATION. EXCEPT AS TO THOSE MATTERS, WHICH THE ACT SPECIFICALLY REQUIRES TO BE PERFORMED BY THE VOTE OF THE ASSOCIATION, THE FOREGOING RESPONSIBILITIES SHALL BE PERFORMED BY THE EXECUTIVE BOARD OR THE MANAGING AGENT AS MORE PARTICULARLY SET FORTH IN THESE BY-LAWS.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| PRESIDENT    | CYNTHIA MARGARET BERTOZZI                             | 184 IRVING AVE<br>PROVIDENCE, RI 02906 USA                        |
| DIRECTOR     | MICHAEL NISSENSOHN                                    | 1 SLATER<br>PROVIDENCE, RI 02906 USA                              |
| DIRECTOR     | CYNTHIA BERTOZZI                                      | 184 IRVING AVE #2<br>PROVIDENCE, RI 02906 USA                     |
| DIRECTOR     | WUSUNG KIM  | 186 IRVING AVE #3<br>PROVIDENCE, RI 02906 USA                     |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CYNTHIA BERTOZZI 184 IRVING AVENUE, #2 PROVIDENCE , RI 02906

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

*Signed this 8 Day of May, 2018 at 11:16:43 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By CYNTHIA BERTOZZI  
Signature of Authorized Person

Form No. 631  
Revised 09/07