



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

FILED

MAY 17 2018

BY 1146

Annual Report for the year: 2018
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 000531999		2. Exact name of the Corporation ROSNER AVENUE CONDOMINIUM ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island COLLECTION OF CONDOMINIUM FEES LOCATED AT 1 ROSNER AVENUE, NORTH PROVIDENCE, RI AND PAYMENT OF ASSOCIATED BILLS			
4. NAICS Code 813910 - E on					
6. Principal Office Address 1 ROSNER AVENUE		City NORTH PROVIDENCE	State RI	Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHRISTINE PITI		Vice-President Name FRANCINE MONFILS			
Street Address 1 ROSNER AVENUE, UNIT 4		Street Address 1 ROSNER AVANUE, UNIT 3			
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Secretary Name VARDHAN KALKUNTE SRINIVASA		Treasurer Name CHRISTINE PITI			
Street Address 1 ROSNER AVENUE, UNIT 1		Street Address 1 ROSNER AVENUE			
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
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 CHRISTINE PITI		Director Name FRANCINE MONFILS			
Street Address 1 ROSNER AVENUE, UNIT 4		Street Address 1 ROSNER AVENUE, UNIT 3			
City NORTH PROVIDENCE	State RI	Zip 02904	City NORTH PROVIDENCE	State RI	Zip 02904
Director Name VARDHAN KALKUNTE SRINIVASA		Director Name			
Street Address 1 ROSNER AVENUE, UNIT 1		Street Address			
City NORTH PROVIDENCE	State RI	Zip 02904	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 CHRISTINE PITI				Date 5/14/18	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov