STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
39573	367 Benefit Street Condominium Association Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Management of a multi-unit condo complex on the East Side of Providence (813990)

5. Principal office address	City	State	Zip
Divine Investments, 222 Broadway	Providence	RI	02903

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Robert Heim			Christine Biron		
Street Address			**Street Address**		
367 Benefit Street Unit 1			367 Benefit Street Unit 4		
City	**State**	**Zip**	**City**	**State**	**Zip**
Providence	RI	02903	Providence	RI	02903
Secretary Name			**Treasurer Name**		
Margo Petitt			Christopher Riendeau		
Street Address			**Street Address**		
367 Benefit St			367 Benefit St		
City	**State**	**Zip**	**City**	**State**	**Zip**
Providence	RI	02903	Providence	RI	02903

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Margot Petiii			R.J. Heim		
Street Address			**Street Address**		
367 Benefit St			367 Benefit St		
City	**State**	**Zip**	**City**	**State**	**Zip**
Providence	RI	02903	Providence	RI	02903
Director Name			**Director Name**		
Christopher Riendeau					
Street Address			**Street Address**		
367 Benefit St					
City	**State**	**Zip**	**City**	**State**	**Zip**
Providence	RI	02903			

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

FILED
MAY 18 2018 02

File Date _____
Check No _____
By: _____

BY 13310

FOR SECRETARY OF STATE USE ONLY

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.

Carlene DelNero 5/14/18
Signature of Officer or Authorized Representative Date

Carlene DelNero
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014