



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


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 295063		2. Exact name of the Corporation Cumberland Commerce Center Condominium Associati			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To govern and manage the ownership and management of said condo property.			
4. NAICS Code 813990 - Other Similar Organ					
6. Principal Office Address 1300 Highland Corporate Drive, Suite 202		City Cumberland	State RI	Zip 02864	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Scott A. Gibbs		Vice-President Name			
Street Address 1300 Highland Corporate Drive, Suite 202		Street Address			
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name James J. Belliveau		Treasurer Name Robert E. Nault			
Street Address 450 Veterans Memorial Parkway, Suite 7A		Street Address 19 Winchester Avenue			
City East Providence	State RI	Zip 02914	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Scott A. Gibbs		Director Name James J. Belliveau			
Street Address 1300 Highland Corporate Drive, Suite 202		Street Address 450 Veterans Memorial Parkway, Suite 7A			
City Cumberland	State RI	Zip 02864	City East Providence	State RI	Zip 02914
Director Name Gregory G. Scown		Director Name Robert E. Nault			
Street Address 500 Mendon Road, Unit 108		Street Address 19 Winchester Avenue			
City Cumberland	State RI	Zip 02864	City North Smithfield	State RI	Zip 02896
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 Scott A. Gibbs				Date May 11, 2018	
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.n.gov

FILED
MAY 23 2018
BY 0431

FORM 631 - Revised: 11/2017

NON-PROFIT CORPORATION ANNUAL REPORT - NO. 295063	Rhode Island
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2018

Cumberland Commerce Center Condominium Association, Inc. Continued

8. NAMES AND ADDRESSES OF OFFICERS - Continued					
Director Name			Director Name		
John J. St. Sauveur					
Street Address			Street Address		
219 Great Road					
City	State	Zip	City	State	Zip
North Smithfield	Rl	02896			