



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

FILED

Annual Report for the year:

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.

MAY 29 2018

BY

3396201

1. Entity ID Number 000535758		2. Exact name of the Corporation Conrad Condominium Assoc. Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condominium association tenant	
4. NAICS Code 624229			
6. Principal Office Address 2000 Warwick Ave		City Warwick	State RI
		Zip 02889	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Josh Shuckley		Vice-President Name Colin Hanrahan SF	
Street Address 385 Westminster St. 2E		Street Address 385 Westminster St	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Secretary Name Donna Madoff		Treasurer Name Rheta Shuckley	
Street Address 385 Westminster Street 2A		Street Address 385 Westminster St 2D	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 028903	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Josh Shuckley		Director Name Colin Hanrahan SF	
Street Address 385 Westminster St 2E		Street Address 385 Westminster St SF	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02816	
Director Name Rheta Shuckley		Director Name	
Street Address 385 Westminster St. 2D		Street Address	
City Providence	State RI	City	State
Zip 02903		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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative PTM Managing Agent			Date 5/22/18
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

FORM 631 - Revised: 11/2017

Conrad Condo Association: 2018 Board of Director's

JD 535758

Josh Shockley, President

Unit #2E

385 Westminster Street

Providence, RI 02903

401-743-6296

Colin Hanrahan, Vice President

Unit #5F

385 Westminster Street

Providence, RI 02903

401-737-6500

Donna Madoff, Secretary

Unit #2A

385 Westminster Street

Providence, RI 02903

781-910-5880

Rheta Shockley, Treasurer

Unit #2D

385 Westminster Street

Providence, RI 02903

401-742-0064

FILED

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BY

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Don