



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

Annual Report for the year:

Non-Profit Corporation

2018

→ 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 41035		2. Exact name of the Corporation Grandview Condominium Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Management of condominium			
4. NAICS Code 813910					
6. Principal Office Address 11 Grandview Street		City Coventry		State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frank Connell			Vice-President Name Michael Stanzione		
Street Address 17 Biscuit Hill Rd.			Street Address 19 Tanglewood Dr.		
City Foster	State RI	Zip 02825	City West Greenwich	State RI	Zip 02817
Secretary Name Anthony Leahy			Treasurer Name Sandra Stanzione		
Street Address 989 Fish Hill Rd.			Street Address 19 Tanglewood Dr.		
City Coventry	State RI	Zip 02816	City West Greenwich	State RI	Zip 02817
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 Anthony Leahy			Director Name Frank Connell		
Street Address 989 Fish Hill Rd.			Street Address 17 Biscuit Hill Rd.		
City Coventry	State RI	Zip 02816	City Foster	State RI	Zip 02825
Director Name Michael Stanzione			Director Name		
Street Address 19 Tanglewood Dr.			Street Address		
City West Greenwich	State RI	Zip 02817	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Sandra D. Stanzione					Date 6-1-18
Signature of Officer/Authorized Representative Sandra D. Stanzione					

FILED

JUN 04 2018

BY

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