



**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/business

**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. Entry ID No. <u>000154110</u>		2. Exact name of the Corporation <u>73 Holden Condominium Association, Inc</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Condo Association [613990]</u>	
5. Principal office address <u>222 Broadway</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02903</u>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
President Name <u>Christine Bortley</u>		Vice-President Name <u>Kani Vails</u>	
Street Address <u>73 Holden St # 3B</u>		Street Address <u>222 Broadway</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02903</u>	
Secretary Name <u>Jonathan Powell</u>		Treasurer Name	
Street Address <u>73 Holden St # 2A</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02908</u>		Zip	
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>			
Director Name <u>Christine Bortley</u>		Director Name <u>Kani Vails</u>	
Street Address <u>73 Holden St # 3</u>		Street Address <u>222 Broadway</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02908</u>		Zip <u>02903</u>	
Director Name <u>Jonathan Powell</u>		Director Name	
Street Address <u>Same as Above</u>		Street Address	
City	State	City	State
Zip		Zip	
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>			
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, Receiver or Trustee

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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.

FILED

Signature of Officer

6/11/18  
Date

Kani Vails  
Print or Type Name of Officer

Vice-president  
Title of Officer

JUN 06 2018

BY DS