



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.

STAMP

FOR SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 44530		2. Exact name of the Corporation East Bay Office Park Condominium Assoc., Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To operate a condominium unit owners association			
4. NAICS Code 624229 - Other Community H					
6. Principal Office Address 1445 Wampanoag Trail, Suite 117		City East Providence	State RI	Zip 02915	
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeffrey Brown			Vice-President Name Robert A. Caliri		
Street Address 1445 Wampanoag Trail			Street Address 1445 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Secretary Name Scott T. Whittum			Treasurer Name Robert A. Caliri		
Street Address 1445 Wampanoag Trail			Street Address 1445 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
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 Gilbert F. Devine			Director Name Michael A. Orefice, Jr.		
Street Address 1445 Wampanoag Trail			Street Address 1445 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
Director Name Paul Applebaum			Director Name John F. Woodward, Jr.		
Street Address 1445 Wampanoag Trail			Street Address 1445 Wampanoag Trail		
City East Providence	State RI	Zip 02915	City East Providence	State RI	Zip 02915
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 Robert A. Caliri				Date 6-5-18	
Signature of Officer/Authorized Representative <i>Robert A. Caliri</i>				SIGN DOCUMENT HERE FILED	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

JUN 11 2018

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