RI SOS Filing Number: 201869390530 Date: 6/12/2018 4:00:00 PM

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 000114867	2. Exact name of the Corporation East Greenwich Preserve Condominium Association, In					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	Manage the affairs of the condominium association.					
4. NAICS Code	1					
813990 - Other Similar Organiza						
6. Principal Office Address	<u> </u>		City	State	Zip	
181 Knight Street			Warwick	RI	02886	
7. List ALL officers (names and add	tresses)			Check the box to ind	icate an attachment	
President Name Mark Roby			Vice-President Name William Sullivan			
Street Address 60 Deep Meadow Lane			Street Address 190 Sanctuary Drive			
City East Greenwich	State RI	^{Zip} 02818	City East Greenwich	State RI	Zip 02818	
Secretary Name Anne Ciccone			Treasurer Name Nancy Waszkis			
Street Address 170 Sanctuary Drive			Street Address 250 Sanctuary Drive			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818	
8. List ALL directors (names and ac	ddresses). RI Co	rporations MUST	list at least THREE directors.	Check the box to ind	icate an attachment	
Director Name Mark Roby			Director Name William Sullivan			
Street Address 60 Deep Meadow Lane			Street Address 190 Sanctuary Drive			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818	
Director Name Anne Ciccone			Director Name Nancy Waszkis			
Street Address 170 Sanctuary Drive			Street Address 250 Sanctuary Drive			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818	
9. Registered Agent in Rhode Islan	d. This information	n is currently of reco	rd in the Department of State. Change	es require filing Form 6	541.	
Under penalty of perjury, I declar statements, and that all statemen	re and affirm thants contained h	at i have examine erein are true an	ed this report, including any ac d correct.	companying sched	lules and	
This report must be signed by either the Pres	ident, Vice-President	. Secretary, Assistant S	Secretary, Treasurer, duly Authorized Repre	esentative, Receiver or Tri	ustee	
Name of Officer/Authorized Representative				Date	Date 5/29/18	
Signature of Officer/Authorized Rep	resentative	- 0 N %	·			
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 1 1 2018

BY 123

FORM 631 - Revised: 11/2017

East Greenwich Preserve

Entity ID Number: 000114867

Additional Directors:

Patricia A. Kelley 40 Ivy Garden Way East Greenwich, RI 02818

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