



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

FILED

JUN 11 2018

BY 1046 [Signature]

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.

1. Entity ID Number 000045015		2. Exact name of the Corporation Sharon Village Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association			
4. NAICS Code 813990 - Other Similar Organiz:					
6. Principal Office Address 181 Knight Street		City Warwick	State RI	Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sharon Zaino			Vice-President Name		
Street Address 25 Sharon Street, #6			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name Emily Shea			Treasurer Name Sharon Zaino		
Street Address 25 Sharon Street, #5			Street Address 25 Sharon Street, #6		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
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 Sharon Zaino			Director Name Emily Shea		
Street Address 25 Sharon Street, #6			Street Address 25 Sharon Street, #5		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name Larry Grant			Director Name		
Street Address 25 Sharon Street, #4			Street Address		
City Cranston	State RI	Zip 02910	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.					
<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 Sharon Zaino, President				Date	
Signature of Officer/Authorized Representative <i>Sharon Zaino</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov