



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.

**FILED**

JUN 11 2018

BY

104620

1. Entity ID Number <b>000045015</b>		2. Exact name of the Corporation <b>Sharon Village Condominium Association, Inc.</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Manage the affairs of the condominium association</b>			
4. NAICS Code <b>813990 - Other Similar Organiz</b>					
6. Principal Office Address <b>181 Knight Street</b>		City <b>Warwick</b>		State <b>RI</b>	Zip <b>02886</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Sharon Zaino</b>			Vice-President Name		
Street Address <b>25 Sharon Street, #6</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City	State	Zip
Secretary Name <b>Emily Shea</b>			Treasurer Name <b>Sharon Zaino</b>		
Street Address <b>25 Sharon Street, #5</b>			Street Address <b>25 Sharon Street, #6</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Sharon Zaino</b>			Director Name <b>Emily Shea</b>		
Street Address <b>25 Sharon Street, #6</b>			Street Address <b>25 Sharon Street, #5</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>
Director Name <b>Larry Grant</b>			Director Name		
Street Address <b>25 Sharon Street, #4</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02910</b>	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.					
<b>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.</b>					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative <b>Sharon Zaino, President</b>					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