RI SOS Filing Number: 201869398400 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.

FILED	
JUN 1 1 2018)
ву 1150	

1. Entity ID Number	2. Exact name of the Corporation						
000061346	Nightingale Estate Condominium Homeowners,						
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							
813990 - Other Similar Organiza							
6. Principal Office Address			City	State	Zip		
181 Knight Street			Warwick	RI	02886		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Mark Allio			Vice-President Name Stephen Feinstein				
Street Address 125 Prospect Street, #13			Street Address 125 Prospect Street, #4				
City Providence	State RI	Zip 02906	City Providence	State RI	^{Zip} 02906		
Secretary Name Marybeth Fafard		1	Treasurer Name William Pearson				
Street Address 125 Prospect Street, #5			Street Address 125 Prospect Street, #9				
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Mark Allio			Director Name Stephen Feinstein				
Street Address 125 Prospect Street, #13			Street Address 125 Prospect Street, #4				
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906		
Director Name Marybeth Fafard			Director Name William Pearson				
Street Address 125 Prospect Street, #5			Street Address 125 Prospect Street, #9				
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906		
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.							
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 Repres	Date // Sp. / O						
Mark Allio, President 5 / 22/18							
Signature of Officer/Authorized Representative (Folk Matth (NF Cond Cond Cond Cond Cond Cond Cond Cond							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov