RI SOS Filing Number: 201869509950 Date: 6/13/2018 4:00:00 PM

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

FILED
JUN 13 2018
STAMP
BY 9164

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	2. Exact name of the Corporation
279323	**Atrium Condominium at the Quarry, Inc.**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Condominium Association, and all related purposes as allowed by law.**
4. NAICS Code: **813910 - Business Association**	

6 Principal Office Address	City	State	Zip
114-116 Granite Street	**Westerly**	**RI**	**02891**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Dr. Leon Reich**			Vice-President Name		
Street Address **114-116 Granite Street**			Street Address		
City **Westerly**	State **RI**	Zip **02891**	City	State	Zip
Secretary Name **Rubin Schron**			Treasurer Name **Peter Hoffman**		
Street Address **114-116 Granite Street**			Street Address **114-116 Granite Street**		
City **Westerly**	State **RI**	Zip **02891**	City **Westerly**	State **RI**	Zip **02891**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name **Dr. Leon Reich**			Director Name **Peter Hoffman**		
Street Address **114-116 Granite Street**			Street Address **114-116 Granite Street**		
City **Westerly**	State **RI**	Zip **02891**	City **Westerly**	State **RI**	Zip **02891**
Director Name **Rubin Schron**			Director Name		
Street Address **114-116 Granite Street**			Street Address		
City **Westerly**	State **RI**	Zip **02891**	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.

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	Date
Dr Leon A Reich	6/5/18

Signature of Officer/Authorized Representative: Leon A Reich — SIGN DOCUMENT HERE

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

FORM 631 - Revised: 11/2017