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.

1. Entity ID Number **000153751**	2. Exact name of the Corporation **188 Benefit Street Condominium Association, Inc.**
3. State of Incorporation **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island **Condominium Association**
4. NAICS Code **813990 - Other Similar Orgar**	

6. Principal Office Address	City	State	Zip
c/o SeaLegs Property Group, 111 Mo[redacted]	[redacted]	RI	02906

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

President Name: Helen MacDonald			Vice President Name: Christopher Marsella		
Street Address: 188 Benefit Street Unit 5			Street Address: 188 Benefit Street Unit 3		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Secretary Name: Karen Lustig			Treasurer Name: Christopher Marsella		
Street Address: 188 Benefit Street Unit 6			Street Address: 188 Benefit Street Unit 3		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903

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

Director Name: Helen MacDonald			Director Name: Christopher Marsella		
Street Address: 188 Benefit Street Unit 5			Street Address: 188 Benefit Street Unit 3		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Director Name: Karen Lustig			Director Name:		
Street Address: 188 Benefit Street Unit 6			Street Address:		
City: Providence	State: RI	Zip: 02903	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
Christopher Marsella	6/14/18

Signature of Officer/Authorized Representative: *Christopher Marsella* (dotloop verified 06/14/18 4:29PM EDT)

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

FILED
JUN 18 2018
BY 1091 DS