



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 Organi					
6. Principal Office Address c/o SeaLegs Property Group, 111 Mod		City Pr	State RI	Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 current y 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 Christopher Marsella				Date 6/14/18	
Signature of Officer/Authorized Representative <i>Christopher Marsella</i>				<small>dotlopp verified 06/14/18 4:29PM EDT CFCGJLR-CF2N-CWR4</small>	

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

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JUN 18 2018

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