(CED)	

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.

JUN 1 8 2018
BY 1243

1. Entity ID Number 521211	2. Exact name of the Corporation Angels on Greene Condominiums						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Collection of monthly maintenance fees from owners and maintenance of the common areas of						
4. NAICS Code	the buildings and grounds.						
813990 - Other Similar Organiza							
6. Principal Office Address	<u></u>		City	State	Zip		
23 Greene St, Unit B			Warren	RI	02885		
7. List ALL officers (names and add	Iresses)		<u> </u>	Check the box to indic	ate an attachment		
President Name Mary Jackson			Vice-President Name Katherine Koss				
Street Address 23 Greene St, Unit E			Street Address 56 Scarsdale Rd				
City Warren	State RI	^{Zip} 02885	City Warwick	State RI	Zip 02886		
Secretary Name Regina Merlino			Treasurer Name Thomas E. Smith				
Street Address 23 Greene St, Unit D			Street Address 23 Greene St, Unit B				
City Warren	State RI	^{Zip} 02885	City Warren	State RI	Zip 02885		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Mary Jackson			Director Name Katherine Koss				
Street Address 23 Greene St, Unit E			Street Address 56 Scarsdale Rd				
^{City} Warren	State RI	Zip 02885	City Warwick	State RI	Zip 02886		
Director Name Regina Merlino			Director Name Thomas E. Smith				
Street Address 23 Greene St, Unit D			Street Address 23 Greene St, Unit B				
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885		
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 decia statements, and that all stateme				y accompanying schedu	ules and		
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 June 16, 201			
Thomas E. Smith					8		
Signature of Officer/Authorized Representative							

MAIL TO:

Division of Business Services

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

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