



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2018

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 001659256		2. Exact name of the Corporation 2 Angell street Condominium Association	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Condo Association (813990)	
5. Principal office address 222 Broadway		City Providence	State RI
		Zip 02903	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Geoffrey Lewis		Vice-President Name Peter Miller	
Street Address 2 Angell St #2		Street Address 2 Angell St #4	
City Providence	State RI	Zip 02903	City Providence
			State RI
			Zip 02903
Secretary Name Caroleann Lewis		Treasurer Name M. Ryan Wagner	
Street Address 2 Angell St #1		Street Address 2 Angell St	
City Providence	State RI	Zip 02903	City Providence
			State RI
			Zip 02903
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Geoffrey Lewis		Director Name Peter Miller	
Street Address 2 Angell St #2		Street Address 2 Angell St #4	
City Providence	State RI	Zip 02903	City Providence
			State RI
			Zip 02903
Director Name Caroleann Lewis		Director Name M. Ryan Wagner	
Street Address 2 Angell St #1		Street Address 2 Angell St #3	
City Providence	State RI	Zip 02903	City Providence
			State RI
			Zip 02903
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date _____

JUN 25 2013

Check No _____

By: _____

BY 11058 DS

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.

Signature of Officer

Date

Print or Type Name of Officer

Title of Officer