



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

**FILED**

JUN 25 2018 P.M. *RA*

BY 1003

**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 <b>45083</b>		2. Exact name of the Corporation <b>Parkview Condominium Association</b>			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Condo Association			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 1455 Mineral Spring Ave 2nd fl.		City No. Providence	State R.I.	Zip 02904	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Laurence Levey</b>		Vice-President Name <b>Rhonda Sugarman</b>			
Street Address <b>4 Manmar Drive</b>		Street Address <b>36 Indian Woods Way</b>			
City <b>Plainville</b>	State <b>Mass</b>	Zip <b>02762</b>	City <b>Canton</b>	State <b>Mass</b>	Zip <b>02021</b>
Secretary Name <b>Jamie Levey</b>		Treasurer Name <b>Laurence Levey</b>			
Street Address <b>4 Manmar Drive</b>		Street Address <b>4 Manmar Drive</b>			
City <b>Plainville</b>	State <b>Mass</b>	Zip <b>02762</b>	City <b>Plainville</b>	State <b>Mass</b>	Zip <b>02762</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Laurence Levey</b>		Director Name <b>Jamie Levey</b>			
Street Address <b>4 Manmar Drive</b>		Street Address <b>4 Manmar Drive</b>			
City <b>Plainville</b>	State <b>Mass</b>	Zip <b>02762</b>	City <b>Plainville</b>	State <b>Mass</b>	Zip <b>02762</b>
Director Name <b>Rhonda Sugarman</b>		Director Name			
Street Address <b>36 Indian Woods Way</b>		Street Address			
City <b>Canton</b>	State <b>Mass</b>	Zip <b>02021</b>	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.					
<b>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.</b>					
<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 <b>Laurence Levey</b>				Date <b>6-21-2018</b>	
Signature of Officer/Authorized Representative 				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