



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

FILED

Annual Report for the year: 2018
Non-Profit Corporation

JUN 25 2018

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY 1523 [Signature]

1. Entity ID Number 41136		2. Exact name of the Corporation Robin Hollow Condominium Association, Inc			
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 <input type="checkbox"/>					
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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Laurence Levey		Vice-President Name Vincent Borrelli			
Street Address 4 Manmar Drive		Street Address 33 Beverly Circle			
City Plainville	State Mass	Zip 02762	City Greenville	State R.I.	Zip 02828
Secretary Name Jamie Levey		Treasurer Name Laurence Levey			
Street Address 4 Manmar Drive		Street Address 4 Manmar Drive			
City Plainville	State Mass	Zip 02762	City Plainville	State Mass	Zip 02762
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 Laurence Levey		Director Name Jamie Levey			
Street Address 4 Manmar Drive		Street Address 4 Manmar Drive			
City Plainville	State Mass	Zip 02762	City Plainville	State Mass	Zip 02762
Director Name Vincent Borrelli		Director Name			
Street Address 33 Beverly Circle		Street Address			
City Greenville	State R.I.	Zip 02828	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.					
<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 Laurence Levey				Date 6-21-2018	
Signature of Officer/Authorized Representative - Pres				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov