



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

148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2018

Filing period: June 1 - June 30

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

1. Entity ID Number		2. Exact name of the Corporation	
72483		RHODE ISLAND CONDOMINIUM ASSOCIATION	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
RHODE ISLAND		TO ENHANCE THE WELL BEING OF THE RI CONDO COMMUNITY IN ANY WAY	
5. Principal Office Address		City	State
33 College Hill Road, Suite 5B		Warwick	RI
		Zip	02886
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Raymond Harrison		Vice-President Name Steven Fazzini	
Street Address 33 College Hill Road, Suite 5B		Street Address 2000 Chapel View Blvd., Suite 370	
City Warwick	State RI	City Cranston	State RI
Zip 02886		Zip 02920	
Secretary Name Robert Masello		Treasurer Name Raymond Harrison	
Street Address 101-D Nipmuc Trail		Street Address 33 College Hill Road, Suite 5B	
City North Providence	State RI	City Warwick	State RI
Zip 02904		Zip 02886	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Raymond Harrison		Director Name Steven Fazzini	
Street Address 33 College Hill Road, Suite 5B		Street Address 2000 Chapel View Blvd., Suite 370	
City Warwick	State RI	City Cranston	State RI
Zip 02886		Zip 02920	
Director Name Robert Masello		Director Name Raymond Harrison	
Street Address 101-D Nipmuc Trail		Street Address 33 College Hill Road, Suite 5B	
City North Providence	State RI	City Warwick	State RI
Zip 02904		Zip 02886	
8. 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.			
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
Raymond Harrison			6/6/18
Signature of Officer/Authorized Representative			
SIGN DOCUMENT HERE			

FILED

JUN 25 2018

BY

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