

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

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

Filing period: June 1 - June Filing Fee: \$20.00 *FAILU	RE TO FILE TH			T IN A \$25.00 PENA	LTY FEE.	
1. Entity ID Number	2. Exact nan	2. Exact name of the Corporation				
72483	RHODE IS	RHODE ISLAND CONDOMINIUM ASSOCIATION				
3. State of Incorporation	4. Brief desc	4. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND CHES	TO ENHAN	ICE THE WELL	BEING OF THE RI CON	NDO COMMUNITY II	N ANY WAY	
5. Principal Office Address			City	State	Zip	
33 College Hill Road, Suite 5B			Warwick	RI	02886	
6. List ALL officers (names ar	nd addresses)		Check	the box to indicate an	attachment	
President Name Raymond H	arrison		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	Zip 02886	City Cranston	State RI	^{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	^{Zip} 02904	City Warwick	State RI	Zip 02886	
7. List ALL directors (names a	ind addresses). F	RI Corporations M	UST list at least THREE dire	ectors. Check the box to indica	te 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	^{Zip} 02886	City Cranston	State RI	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	^{Zip} 02904	City Warwick	State RI	^{Zip} 02886	
Registered Agent in Rhode	Island. This inform	nation is currently of	record in the Department of S	tate. Changes require filin	g Form 641.	
Under penalty of perjury, I o statements, and that all stat	leclare and affiri ements contain	m that I have exa ed herein are tru	mined this report, includi e and correct.	ng any accompanyin	g schedules and	
This report must be signed by either th	na President, Vice-Pre	sident, Secretary, Assis	stant Secretary, Treasurer, duly Aut	horized Representative, Rece	eiver or Trustee.	
Name of Officer/Authorized R	epresentative			Date ,		
Raymond Harrison				661	8	
Signature of Officer/Authorized	1 7 1 1	. SIGN DOC	UMENT HERE	- 		
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Form No. 631 Revised: 2016