RI SOS Filing Number: 201871474280 Date: 7/2/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018

JUL 0 2 2018

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Non-Profit Corporation			
→ Filing period: June 1 - June 30			

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

1. Entity ID Number 000052688	2. Exact name of the Corporation River Farms Condominium Association, Inc.						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
RI	Manager the affairs of the condominium association						
4. NAICS Code	Manager the analis of the condominant association						
813990 - Other Similar Organiza	Zi						
6. Principal Office Address	·		City	State	Zip		
81 Knight Street			Warwick	RI	02886		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Ronald Joseph			Vice-President Name Jeffrey Davis				
Street Address 13 Carnival Terrace			Street Address 101 River Farms Drive				
City West Warwick	State RI	<sup>Zip</sup> 02893	City West Warwick	State RI	Zip 02893		
Secretary Name James Edelman		Treasurer Name Karin Estes					
Street Address 9 Sand Piper Drive		Street Address 2 Cardinal Court					
City West Warwick	State RI	<sup>Zip</sup> 02893	City West Warwick	State RI	<sup>Zîp</sup> 02893		
8. List ALL directors (names and addresses). RI Corporations MUST fist at least THREE directors.  Check the box to indicate an attachment							
Director Name Ronald Joseph			Director Name Jeffrey Davis				
Street Address 13 Carnival Terrace			Street Address 101 River Farms Drive				
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	<sup>Zlp</sup> 02893		
Director Name James Edelman			Director Name Karin Estes				
Street Address 9 Sand Piper Drive			Street Address 2 Cardinal Court				
City West Warwick	State RI	<sup>Zip</sup> 02893	City West Warwick	State RI	<sup>Zip</sup> 02893		
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.							
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 Ronald Joseph, President				Date 6/20/18			
Signature of Officer/Authorized Representative							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov