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

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.

FILED
JUL 0 2 2018
BY 1370

1. Entity ID Number	2. Exact name of the Corporation
000052688	**River Farms Condominium Association, Inc.**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **Manager the affairs of the condominium association**
4. NAICS Code: **813990 - Other Similar Organizi**	

6. Principal Office Address	City	State	Zip
181 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**	Zip **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**	Zip **02893**	City **West Warwick**	State **RI**	Zip **02893**

8. List ALL directors (names and addresses). RI Corporations **MUST** list 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**	Zip **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**	Zip **02893**	City **West Warwick**	State **RI**	Zip **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	Date
Ronald Joseph, President	6/20/18

Signature of Officer/Authorized Representative
Ronald P. Joseph

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 11/2017