



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

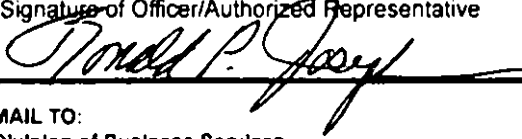
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

JUL 02 2018

BY

1370

1. Entity ID Number 000052688		2. Exact name of the Corporation 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 Organiz					
6. Principal Office Address 181 Knight Street		City Warwick		State RI	Zip 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 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