



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

2018 JUL 13 PM 1:55

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.

1. Entity ID Number 001660615		2. Exact name of the Corporation 75-81 Lloyd Avenue Condominium Association, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island owning, managing, operating, Administering, maintaining & governing the 75-81 Lloyd Avenue Condominium Association, Inc Pursuant to RI Condominium act and for any other purpose or purposes for which a Non-profit Corporation may be formed under RI general law	
4. NAICS Code 813319			
6. Principal Office Address 2 Charles St 3c		City Providence	State RI
		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sophie Kelle		Vice-President Name	
Street Address 79 Lloyd Ave - unit 3c		Street Address	
City Providence	State RI	City	State
Zip 02906		City	State
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		City	State
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Sophie Kelle		Director Name Dustin Dezube	
Street Address 79 Lloyd Ave unit 3c		Street Address 81 Lloyd Ave - unit A	
City Providence	State RI	City Providence	State RI
Zip 02906		City Providence	State RI
Zip 02906		City Providence	State RI
Director Name Jonathan Billings		Director Name	
Street Address 47 Wianno Road		Street Address	
City Bourne	State MA	City	State
Zip 02532		City	State
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Alex Burghardt			Date 7/13/18
Signature of Officer/Authorized Representative Alex Burghardt			

FILED ←

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BY Alex 334857