



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

Annual Report for the year:
Non-Profit Corporation

2019

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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CORPORATIONS DIV.

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| | | | |
|--|--------------------|--|--------------------|
| 1. Entity ID Number 484857 | | 2. Exact name of the Corporation RIVER BREEZE CONDOMINIUM ASSO. | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island ADMINISTERING OPERATING & MAINTAINING CONDO PROPERTY | |
| 4. NAICS Code 813920 | | | |
| 6. Principal Office Address 23 SHELDON STREET | | City PROVIDENCE | State RI |
| | | Zip 02906 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name LAWRENCE S. WALSH | | Vice-President Name ELLEN S WALSH | |
| Street Address 23 SHELDON STREET | | Street Address 23 SHELDON ST. | |
| City PROVIDENCE | State RI | City PROVIDENCE | State RI |
| Zip 02906 | | Zip 02906 | |
| Secretary Name ELLEN S. WALSH | | Treasurer Name LAWRENCE S. WALSH | |
| Street Address 23 SHELDON STREET | | Street Address 23 SHELDON STREET | |
| City PROVIDENCE | State RI | City PROVIDENCE | State RI |
| Zip 02906 | | Zip 02906 | |
| 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 LAWRENCE S. WALSH | | Director Name SARAH RHODES | |
| Street Address 23 SHELDON STREET | | Street Address 23 1/2 SHELDON STREET | |
| City PROVIDENCE | State RI | City PROVIDENCE | State RI |
| Zip 02906 | | Zip 02906 | |
| Director Name ELLEN S. WALSH | | Director Name | |
| Street Address 23 SHELDON STREET | | Street Address | |
| City PROVIDENCE | State RI | City | State |
| Zip 02906 | | Zip | |
| 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 LAWRENCE S. WALSH | | Date Feb 19, 2019 | |
| Signature of Officer/Authorized Representative <i>Lawrence Walsh</i> | | FILED | |

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

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