



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

SECRETARY OF STATE
 CORPORATIONS DIV
STAMP
 2019 MAR 11 PM 2:29

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 149884		2. Exact name of the Corporation Reservoir Avenue Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Six Condo unit association			
4. NAICS Code 999999					
6. Principal Office Address 201 Reservoir Avenue			City Lincoln	State RI	Zip 02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anthony Feula			Vice-President Name Rebecca Olivo		
Street Address 201 Reservoir Ave Unit #3			Street Address 201 Reservoir Ave #3		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Sophie Clermont			Treasurer Name		
Street Address 201 Reservoir Ave #5			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
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 Anthony Feula			Director Name Rebecca Olivo		
Street Address See above			Street Address See above		
City	State	Zip	City	State	Zip
Director Name Sophie Clermont			Director Name		
Street Address see above			Street Address		
City	State	Zip	City	State	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.					
<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 Anthony Feula				Date 3/11/19	
Signature of Officer/Authorized Representative <i>Anthony Feula</i>				FILED SIGN DOCUMENT HERE MAR 11 2019 <i>BY [Signature] 1684</i>	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov