



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2019

**1. Corporate ID No.** 000688835

**2. Name of Corporation** 903 Condominium Owner's Association, Inc.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
813990

**4. Corporate Address in Rhode Island**

No. and Street: 903 PROVIDENCE PLACE

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

THE OWNERSHIP, OPERATION, MAINTENANCE AND REPAIR OF THE 903 CONDOMINIUM ASSOCAITION CONDOMINIUM AND ALL RESPONSIBILITIES SET FORTH IN THE RHODE ISLAND CONDOMINIUM ACT; THE CORPORATION SHALL HAVE ALL THE REST OF THE POWERS GRANTED TO CORPORATIONS BY THE LAWS OF THE STATE OF RHODE ISLAND, PROVIDED THAT NO SUCH POWER SHALL INCLUDE ANY ACTIVITY INCONSISTENT WITH THE BUSINESS CORPORATION LAW OR THE GENERAL LAWS OF SAID STATE OF RHODE ISLAND.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|---|---|
| PRESIDENT    | STEPHEN CHAPMAN                                       | 100 GALEN STREET SUITE 301<br>WATERTOWN, MA 02472 USA             |
| TREASURER    | KEVIN HENRY   | 903 PROVIDENCE PLACE UNIT 258<br>PROVIDENCE, RI 02903 USA         |
| SECRETARY    | DAVID ROBINSON  | 903 PROVIDENCE PLACE UNIT 155<br>PROVIDENCE, RI 02903 USA         |
| DIRECTOR     | SCOTT RINGLAND  | 903 PROVIDENCE PLACE UNIT 147<br>PROVIDENCE , RI 02903 USA        |
| DIRECTOR     | ROBERT SIMONDS  | 100 GALEN ST<br>WATERTOWN, MA 02472 USA                           |
| DIRECTOR     | JOHN HALVORSEN  | 100 GALEN ST<br>WATERTOWN, MA 02472 USA                           |

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

WALTER PASTOR 903 PROVIDENCE PLACE MANAGEMENT OFFICE PROVIDENCE , RI 02903

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 22 Day of March, 2019 at 4:08:46 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By WALTER PASTOR  
Signature of Authorized Person

Form No. 631  
Revised 09/07