



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2018
 Non-Profit Corporation

2019 MAY 23 AM 11:56

- 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 000054673		2. Exact name of the Corporation Lexington Court Condominium Association Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Maintaining condominium units			
4. NAICS Code 813910					
6. Principal Office Address 210 Lexington Ave		City Providence	State RI	Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rafael benao			Vice-President Name Wendy Roche		
Street Address 24 Oakland DR			Street Address 210 Lexington Ave # 5		
City West Warwick	State RI	Zip 02893	City Providence	State RI	Zip 02907
Secretary Name Emy Cabreu			Treasurer Name Leonela Urena		
Street Address 24 Oakland DR			Street Address 210 Lexington Ave Unit # 4		
City West Warwick	State RI	Zip 02893	City Providence	State RI	Zip 02907
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 Leonela Urena			Director Name Shaw M Kurocz		
Street Address 210 Lexington Ave # 4			Street Address 210 Lexington Ave # 1		
City Providence	State RI	Zip 02910	City Providence	State RI	Zip 02907
Director Name Wendy Roche			Director Name		
Street Address 210 Lexington Ave # 5			Street Address		
City Providence	State RI	Zip 02907	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 Rafael benao					Date 5/23/19
Signature of Officer/Authorized Representative 					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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