RI SOS Filing Number: 201994755280 Date: 5/28/2019 4:00:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019 **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 295063	2. Exact name of the Corporation Cumberland Commerce Center Condominium Associati				
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island To govern and manage the ownership and management of said condo property.				
4. NAICS Code 813990 - Other Similar Or	1				
6. Principal Office Address			City	State	Zip
1300 Highland Corporate Drive, Suite 202			Cumberland	RI	02864
7. List ALL officers (names and ac	idresses)			Check the box to indi	icate an attachment
President Name Scott A. Gibbs			Vice-President Name		
Street Address 1300 Highland Corporate Drive, Suite 202			Street Address		
City Cumberland	State RI	^{Zip} 02864	City	State	Zip
Secretary Name James J. Belliveau			Treasurer Name Robert E. Nault		
Street Address 450 Veterans Memorial Parkway, Suite 7A			Street Address 19 Winchester Avenue		
City East Providence	State RI	^{Zip} 02914	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and	addresses). RI C	orporations MUST	list at least THREE directors.	Check the box to indi	icate an attachment
Director Name Scott A. Gibbs			Director Name James J. Belliveau		
Street Address 1300 Highland Corporate Drive, Suite 202			Street Address 450 Veterans Memorial Parkway, Suite 7A		
City Cumberland	State RI	Zip 02864	City East Providence	State RI	Zip 02914
Director Name Gregory G. Scown			Director Name Robert E. Nault		
Street Address 500 Mendon Road, Unit 108			Street Address 19 Winchester Avenue		
City Cumberland	Slate RI	^{Zip} 02864	City North Smithfield	State RI	Zip 02896
9. Registered Agent in Rhode Isla	and. This information	on is currently of reco	rd in the Department of State. Chang	es require filing Form (641.
Under penalty of perjury, I deci statements, and that all statem				companying sched	dules and
This report must be signed by either the Pr	esident, Vice-Preside	nt, Secretary, Assistant S	Secretary, Treasurer, duly Authorized Repr	esentative, Receiver or Tr	ustee.
Name of Officer/Authorized Representative Scott A. Gibbs				Date May 22, 2019	
				Way 22, 20	
Signature of Officer/Authorized Re	epresentative	SGNZO	NT HERE FILED	VM	
MAIL TO:			MAY 2 8 2019		

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov