



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.

FILED

JUN 10 2019

BY

2109

1. Entity ID Number 71770		2. Exact name of the Corporation College Park Condominium Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Maintenance, Preservation & Improvement of the Real Estate CPCA			
4. NAICS Code 813920 - Professional Organiz					
6. Principal Office Address 33 College Hill Road		City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Antonio Viscione Jr.			Vice-President Name Brian Friedman		
Street Address 33 College Hill Road			Street Address 33 College Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Brian Friedman			Treasurer Name Antonio Viscione Jr.		
Street Address 33 College Hill Road			Street Address 33 College Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 Richard Saccoccia			Director Name Antonio Viscione Jr.		
Street Address 33 College Hill Road			Street Address 33 College Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Brian Friedman			Director Name Helen Sheehan		
Street Address 33 College Hill Road			Street Address 33 College Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Brian Friedman, Secretary				Date 06/04/2019	
Signature of Officer/Authorized Representative <i>Brian Friedman</i> SECRETARY				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 631 - Revised: 03/2019