



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

Annual Report for the year: **2019**

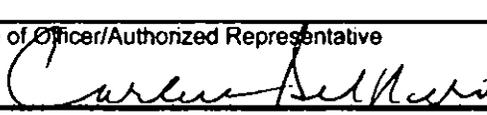
Non-Profit Corporation

- 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 14 2019

BY LoRinda DS

1. Entity ID Number 000033636		2. Exact name of the Corporation Tamarac Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Residential Condominium			
4. NAICS Code 813990 - Other Similar Or <input type="checkbox"/>					
6. Principal Office Address c/o CRS Management, LLC., 786 Oaklawn Ave.			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Roberto			Vice-President Name David Spacagna		
Street Address 14 Tamarac Drive			Street Address 7E Tamarac Drive		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name			Treasurer Name Irene McCormick		
Street Address			Street Address 23 E Tamarac Drive		
City	State	Zip	City Greenville	State RI	Zip 02828
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 Michael Roberto			Director Name David Spacagna		
Street Address 14 Tamarac Drive			Street Address 7E Tamarac Drive		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Director Name Irene McCormick			Director Name		
Street Address 23E Tamarac Drive			Street Address		
City Greenville	State RI	Zip 02828	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.					
<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 Carlene DelNero				Date 06/12/19	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov