



RI SOS Filing Number: 201997664750 Date: 6/18/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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CORPORATIONS DIV

2019 JUN 18 PM 12:02

Annual Report for the year:

Non-Profit Corporation

2019

→ 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 000123133		2. Exact name of the Corporation Two Thomas Street Owner's Association, Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condo owners association			
4. NAICS Code 531110					
6. Principal Office Address 2 Thomas Street			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephen E. Judge			Vice-President Name Marlene Yang		
Street Address 2 Thomas Street Unit 500			Street Address 2 Thomas Street Unit 300		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Marie Retlev			Treasurer Name Stephen E. Judge		
Street Address 2 Thomas Street Unit 400			Street Address 2 Thomas Street Unit 500		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 Stephen E Judge			Director Name Marlene Yang		
Street Address 2 Thomas Street Unit 500			Street Address 2 Thomas Street Unit 300		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Marie Retlev			Director Name		
Street Address 2 Thomas Street Unit 500			Street Address		
City Providence	State RI	Zip 02903	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 Stephen E. Judge				Date 12:02pm 6/16/19	
Signature of Officer/Authorized Representative Stephen E. Judge				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

JUN 18 2019
BY 27XJQ KM