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

FILED
JUN 24 2019 STAMP
BY 018

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	2. Exact name of the Corporation
57439	**THE SUNNYBROOK ESTAES CONDOMINIUM ASSOCIATION, INC.**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Condominium Homeowners Association**
4. NAICS Code: **813990 - Other Similar Orga**	

6. Principal Office Address	City	State	Zip
62 Plum Road	**East Providence**	**RI**	**02915**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Steven Perry**			Vice-President Name		
Street Address **62 Plum Rd.**			Street Address		
City **Riverside**	State **RI**	Zip **02915**	City	State	Zip
Secretary Name **Mary Cholewiak**			Treasurer Name **Albert Cahill**		
Street Address **58 Plum Rd.**			Street Address **56 Plum Rd.**		
City **East Providence**	State **RI**	Zip **02915**	City **Riverside**	State **RI**	Zip **02915**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **Mary Cholewiak**			Director Name **Steven Perry**		
Street Address **58 Plum Rd.**			Street Address **62 Plum Rd.**		
City **East Providence**	State **RI**	Zip **02915**	City **East Providence**	State **RI**	Zip **02915**
Director Name **Albert Cahill**			Director Name		
Street Address **56 Plum Rd.**			Street Address		
City **Riverside**	State **RI**	Zip **02915**	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative	Date
Steven Perry	6-16-19

Signature of Officer/Authorized Representative: Steven Perry — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2017