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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000509664		2. Exact name of the Corporation 119 Benefit Street Condominium Association, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Condo Association (813990)			
5. Principal office address 222 Broadway		City Providence		State RI 02903	Zip
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Carl Lostritto			Vice-President Name Georgia Lipkin		
Street Address 119 Benefit Street Unit 3			Street Address 119 Benefit Street Unit 5		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Michael Kennon			Treasurer Name Albert Webson		
Street Address 119 Benefit Street Unit 4			Street Address 119 Benefit Street Unit 1		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Carl Lostritto			Director Name Georgia Lipkin		
Street Address 119 Benefit Street Unit 3			Street Address 119 Benefit Street Unit 5		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Michael Kennon			Director Name Albert Webson		
Street Address 119 Benefit Street Unit 4			Street Address 119 Benefit Street Unit 1		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____	_____
Check No _____	_____
By: _____	_____
FOR SECRETARY OF STATE USE ONLY	

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.

Carl Lostritto 6/19/19
 Signature of Officer or Authorized Representative Date

Carl Lostritto
 Print or Type Name of Officer or Authorized Representative