



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

FILED

JUN 27 2019

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Annual Report for the year: 2018-2019
 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 <u>27889</u> | | 2. Exact name of the Corporation <u>GLEN ACRES CONDOMINIUM ASSOCIATION, INC</u> | | | |
| 3. State of Incorporation <u>R.I</u> | | 5. Brief description of the character of business conducted in Rhode Island <u>RESIDENTIAL CONDOMINIUM</u> | | | |
| 4. NAICS Code <u>813990</u> | | | | | |
| 6. Principal Office Address <u>90 CASTLEKEEP, LLC 55 JOHN CLARK RD</u> | | | City <u>WARRINGTON</u> | State <u>RI</u> | Zip <u>02840</u> |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name <u>KAREN BUONVINO</u> | | | Vice-President Name <u>LSA PASTORE</u> | | |
| Street Address <u>43C GLEN MEADE DR</u> | | | Street Address <u>52C GLEN MEADE DR</u> | | |
| City <u>PORTSMOUTH</u> | State <u>RI</u> | Zip <u>02871</u> | City <u>PORTSMOUTH</u> | State <u>RI</u> | Zip <u>02871</u> |
| Secretary Name <u>EVELYN CHERPAIL</u> | | | Treasurer Name <u>CARLE DE ANGELIS</u> | | |
| Street Address <u>36D GLEN MEADE DR</u> | | | Street Address <u>36B GLEN MEADE DR</u> | | |
| City <u>PORTSMOUTH</u> | State <u>RI</u> | Zip <u>02871</u> | City <u>PORTSMOUTH</u> | State <u>RI</u> | Zip <u>02871</u> |
| 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 <u>MATTHEW Mc GUNNESS</u> | | | Director Name <u>KAREN BUONVINO</u> | | |
| Street Address <u>46A GLEN MEADE DR</u> | | | Street Address <u>43C GLEN MEADE DR</u> | | |
| City <u>PORTSMOUTH</u> | State <u>RI</u> | Zip <u>02840</u> | City <u>PORTSMOUTH</u> | State <u>RI</u> | Zip <u>02871</u> |
| Director Name <u>EVELYN CHERPAIL</u> | | | Director Name <u>LSA PASTORE</u> | | |
| Street Address <u>36D GLEN MEADE DR</u> | | | Street Address <u>52C GLEN MEADE DR</u> | | |
| City <u>PORTSMOUTH</u> | State <u>RI</u> | Zip <u>02871</u> | City <u>PORTSMOUTH</u> | State <u>RI</u> | Zip <u>02871</u> |
| 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 <u>KAREN BUONVINO</u> | | | | | Date <u>6/11/2019</u> |
| Signature of Officer/Authorized Representative <u>Karen Buonvino President</u> | | | | | |

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