



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

FILED *02* **STAMP**

JUL 01 2019

53-7174213

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 000041136		2. Exact name of the Corporation ROBIN HOLLOW CONDOMINIUM ASSOCIATION			
3. State of Incorporation R.I		5. Brief description of the character of business conducted in Rhode Island COND ASSOCIATION			
4. NAICS Code 813910 - Business Assoc					
6. Principal Office Address 1455 MINERAL SPRING AVE			City NORTH PROVIDENCE	State R.I	Zip 02904
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Laurence Levey			Vice-President Name Vincent Borrelli		
Street Address 4 Manmar Drive			Street Address 33 Beverly Circle		
City Plainville	State MA	Zip 02762	City Greenville	State R.I	Zip 02828
Secretary Name Jamie Levey			Treasurer Name Laurence Levey		
Street Address 4 Manmar Drive			Street Address 4 Manmar Drive		
City Plainville	State MA	Zip 02762	City Plainville	State MA	Zip 02762
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 Laurence Levey			Director Name Jamie Levey		
Street Address 4 Manmar Drive			Street Address 4 Manmar Drive		
City Plainville	State MA	Zip 02762	City Plainville	State MA	Zip 02762
Director Name Vincent Borrelli			Director Name		
Street Address 33 Beverly Circle			Street Address		
City Greenville	State R.I	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Laurence Levey-President				Date 6-24-2019	
Signature of Officer/Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE <i>6/24/19</i>	

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