



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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.

FILED

JUL 01 2019

BY 26605

1. Entity ID Number <b>52310</b>		2. Exact name of the Corporation <b>CON-LEN CONDOMINIUM ASSOCIATION</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>MANAGE EXPENSES FOR CONDO. UNITS</b> <u>813990</u>			
5. Principal Office Address <b>19E LARK INDUSTRIAL PKY</b>			City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>STEVEN R. DORAZIO</b>			Vice-President Name <b>JOHN PEZZILLO</b>		
Street Address <b>19E LARK INDUSTRIAL PKY</b>			Street Address <b>19E LARK INDUSTRIAL PKY</b>		
City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>	City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>STEVEN R. DORAZIO</b>			Director Name <b>JOHN PEZZILLO</b>		
Street Address <b>ABOVE</b>			Street Address <b>ABOVE</b>		
City	State	Zip	City	State	Zip
Director Name <b>FRANK FIORENZANO</b>			Director Name		
Street Address <b>19 LARK INDUSTRIAL PKY</b>			Street Address		
City <b>GREENVILLE</b>	State <b>RI</b>	Zip <b>02828</b>	City	State	Zip
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>STEVEN R. DORAZIO</b>				Date <b>6/29/19</b>	
Signature of Officer/Authorized Representative <i>Steven R. Dorazio</i> <b>President</b>					

## MAIL TO:

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