



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 2019

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. 000697842		2. Exact name of the Corporation 3 Athenaeum Row Condominium Association	
3. State of Incorporation RI (813990)		4. Brief description of the character of business conducted in Rhode Island Condo Association	
5. Principal office address 222 Broadway		City Providence	State RI 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name Daniel Starr-Tambor		Vice-President Name Leslie Barber	
Street Address 261 Benefit Street Unit 2		Street Address 261 Benefit Street Unit 3	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Secretary Name Allie Skoly		Treasurer Name	
Street Address 261 Benefit Street Unit 3		Street Address	
City Providence	State RI	City	State
Zip 02903		Zip	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Daniel Starr-Tambor		Director Name Leslie Barber	
Street Address 261 Benefit Street Unit 2		Street Address 261 Benefit Street Unit 3	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Director Name Allie Skoly		Director Name	
Street Address 261 Benefit Street Unit 1		Street Address	
City Providence	State RI	City	State
Zip 02903		Zip	
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.			

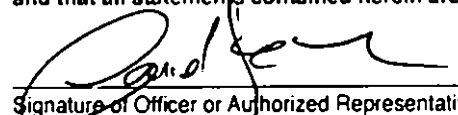
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

JUL 10 2019

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.

 2/7/19
 Signature of Officer or Authorized Representative Date

DANIEL STARR - TAMBOR
 Print or Type Name of Officer or Authorized Representative