



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 26 2019

BY

2903 DS

1. Entity ID Number 000047034		2. Exact name of the Corporation CONCORD COURT CONDOMINIUM ASSOCIATION, INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Home owners association for condominium management			
4. NAICS Code 813990 - Other Similar Orga.					
6. Principal Office Address 31 Concord St, Unit B			City Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Earl Washington			Vice-President Name NONE		
Street Address 31 Concord St, Unit B			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Marianne D Lucas			Treasurer Name Marianne D Lucas		
Street Address 31 Concord St, Unit A			Street Address 31 Concord St, Unit A		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
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 Helena Cunningham			Director Name Naomi Neal		
Street Address 23 Concord St, Unit C			Street Address 27 Concord St, Unit A		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Director Name Glenn Weeks			Director Name Jacqueline Neal		
Street Address 27 Concord St, Unit B			Street Address 27 Concord St, Unit C		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
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 Earl Washington, President				Date 07/22/2019	
Signature of Officer/Authorized Representative 					