


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. 154110		2. Exact name of the Corporation 73 Holden Street Condominium Association INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Condo Association (813990)			
5. Principal office address 222 Broadway		City Providence		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Christine Boulay			Vice-President Name Adam Glick		
Street Address 73 Holden Street Unit 3B			Street Address 73 Holden Street Unit 1		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Lindsay Nickerson			Treasurer Name		
Street Address 73 Holden Street Unit 2B			Street Address		
City Providence	State RI	Zip 02908	City	State	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 Christine Boulay			Director Name Adam Glick		
Street Address 73 Holden Street Unit 3B			Street Address 73 Holden Street Unit 1		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name Lindsay Nickerson			Director Name		
Street Address 73 Holden Street Unit 2B			Street Address		
City Providence	State RI	Zip 02908	City	State	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

File Date _____	
Check No. _____	
By: _____	
FOR SECRETARY OF STATE USE ONLY	

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FILED

AUG 09 2019

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.

Christine A. Boulay 8/5/19
Signature of Officer or Authorized Representative Date

Christine A. Boulay
Print or Type Name of Officer or Authorized Representative