



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. 000736954		2. Exact name of the Corporation Halsey 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 02903	Zip
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Eva Sutton		Vice-President Name MARISA SCANAVINO			
Street Address 22 Halsey Street Unit 3		Street Address 22 Halsey Street UNIT 4			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Todd Winkler		Treasurer Name Todd Winkler			
Street Address 22 Halsey Street Unit 6		Street Address 22 Halsey Street Unit 6			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 Eva Sutton		Director Name Marisa Scanavino			
Street Address 22 Halsey Street Unit 3		Street Address 22 Halsey Street Unit 4			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Todd Winkler		Director Name			
Street Address 22 Halsey Street Unit 6		Street Address			
City Providence	State RI	Zip 02903	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

BY 1505

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.

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative