RI SOS Filing Number: 201921812130 Date: 9/30/2019 9:43:00 AM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

R.I. DEPT. OF STATE
BUS SVCS DIV

2019 SEP 30 A 9: 40

STAMP

Annual Report for the year: 2017

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.

Entity ID Number	2 Exact name of the Corporation				
443972	Azalea Court Condominium				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RI	Homeowners Association				
4. NAICS Code					
813910 - Business Association					
6. Principal Office Address			City	State	Zip
1 Zambarano Ave			North Providence	RI	02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name John Corsi			Vice-President Name Gina Tedesco		
Street Address 1 Zambarano Ave, Unit E			Street Address 1 Zambarano Ave, Unit H		
City North Providence	State RI	^{Zip} 02904	City North Providence	State RI	^{Zip} 02904
Secretary Name Gina Tedesco			Treasurer Name David Acciardo		
Street Address 1 Zambarano Ave, Unit H			Street Address 32 Emerson St.		
City North Providence	State RI	Z _{IP} 02904	City Boston	State MA	^{Zip} 02127
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name John Corsi			Director Name Gina Tedesco		
Street Address 1 Zambarano Ave, Unit E			Street Address 1 Zambarano Ave, Unit H		
City North Providence	State Ri	^{Zip} 02904	City North Providence	State RI	^{Z_{IP}} 02904
Director Name David Acciardo			Director Name		
Street Address 32 Emerson St.			Street Address		
^{City} Boston	State MA	^{Zip} 02127	City	State	Zip
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authonzed Representative. Receiver or Trustee					
Name of Officer/Authorized Representative				Date	
Karen Maw, Managing Agent				9/30/19	
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE					
				Eft :	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov SEP \$ 0 2019 BY CM ZOB 2 V 9:43

FORM 631 - Revised: 06/2019