



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2019 SEP 30 A 9:40

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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.

1. Entity ID Number 943972		2. Exact name of the Corporation Azalea Court Condominium, ...			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Homeowners Association			
4. NAICS Code 813910 - Business Associator					
6. Principal Office Address 1 Zambarano Ave		City North Providence		State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		State RI	
City North Providence		State RI		Zip 02904	
Secretary Name Gina Tedesco			Treasurer Name David Acciaro		
Street Address 1 Zambarano Ave, Unit H			Street Address 32 Emerson St.		
City North Providence		State RI	Zip 02904	City Boston	
State RI		Zip 02904		State MA	
City North Providence		State RI		Zip 02127	
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 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		Zip 02904		State RI	
City North Providence		State RI		Zip 02904	
Director Name David Acciaro			Director Name		
Street Address 32 Emerson St.			Street Address		
City Boston		State MA	Zip 02127	City	
State MA		Zip 02127		State	
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Karen Maw, Managing Agent				Date 9/30/19	
Signature of Officer/Authorized Representative Karen Maw				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 FORM 631 - Revised: 06/2019