RI SOS Filing Number: 201924767130 Date: 10/18/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

ECRETARY OF STATE CORPORATIONS DIV

Annual Report for the year: Non-Profit Corporation

2019 OCT 18 PM 12: 04

-> 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	2. Exact name of	2. Exact name of the Corporation				
164051	The Gra	The Grand Kenyon Condominium Association, Inc				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
RI	_ 、	٨				
4. NAICS Code	Condo Association					
813990						
6. Principal Office Address			City	State	Zip	
107 medway Street #B			Providence	RI	9996	
7. List ALL officers (names and addresses)				Check the box to indic		
President Name David Zaweck			Vice-President Name Any Paria - Zawachi			
Street Address 107 medway Street & B City Panishan State Zip			Street Address 107 Med way Street #B			
Trovoence	State	Zip	City Providence	State	Zip	
Secretary Name Amy Paria - Zawacki Street Address			Treasurer Name David Zawachi			
107 med way St	reet &B		Street Address 107 med way Street #18			
City Pravidence	State	2ip 00906	city providence	State R	Zip 02906	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.						
Director Name Director Name Director Name						
David Zawack			Amy Paria - Lawachi			
107 medway Street #18			Street Address 107 medway Street # B			
frovidence	State	10 PCO 915	City Providence	State RI	Zip 07926	
Director Name Joseph Piccardi			Director Name			
Two Dani	en Ct		Street Address			
CUA houth blong sext	State	Zip 07911	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, duty Authorized Representative, Receiver or Trustee						
Name of Officer/Authorized Representative						
David Zayschi. 10/18/19						
Signature of Office (Authorized Representative						
3CT 16 2019						
MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 BY						
Website: www.sos.ri.gov FORM 631 - Revised: 03/2019						