



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**

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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 NOV 12 PM 1:41

1. Entity ID Number 000299898		2. Exact name of the Corporation 200 Centreville Road Condo Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To pay bills for upkeep of 200 Centerville Condos			
4. NAICS Code 813910 - Business Assoc					
6. Principal Office Address 200 Centerville Road, Suite 1			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Edward Flanagan			Vice-President Name Dan Baccari		
Street Address 981 Main Street			Street Address 200 Centerville Road		
City West Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02886
Secretary Name Ron Falcone			Treasurer Name Steven Damiano		
Street Address 200 Centerville Road			Street Address 200 Centerville Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 Dan Baccari			Director Name Steven Damiano		
Street Address 200 Centerville Road			Street Address 200 Centerville Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Ron Falcone			Director Name		
Street Address 200 Centerville Road			Street Address		
City Warwick	State RI	Zip 02886	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 Steven Damiano				Date 11/07/2019	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov