



RI SOS Filing Number: 202033682770 Date: 2/3/2020 1:11:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2019

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 150856		2. Exact name of the Corporation 73 Fremont Street Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To maintain common areas of condominiums at 73 Fremont Street Providence RI.			
4. NAICS Code 813990					
6. Principal Office Address 73 Fremont Street #1		City Providence		State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Matthew Richkus			Vice-President Name Brett Zarda		
Street Address 37 Pleasant Street			Street Address 73 Fremont Street, #2		
City Barrington	State RI	Zip 02806	City Providence	State RI	Zip 02906
Secretary Name Kristen McCausland			Treasurer Name		
Street Address 37 Pleasant Street			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
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 Matthew Richkus			Director Name Brett Zarda		
Street Address 37 Pleasant Street			Street Address 73 Fremont Street, #2		
City Barrington	State RI	Zip 02806	City Providence	State RI	Zip 02906
Director Name Kristen McCausland			Director Name		
Street Address 37 Pleasant Street			Street Address		
City Barrington	State RI	Zip 02806	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Matthew Richkus				Date 1/31/20	
Signature of Officer/Authorized Representative Matthew Richkus				FILED FEB 3 2020 BY [Signature] 1:11	

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

FORM 631 - Revised: 06/2019