



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

FILED

JUN 12 2020

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Annual Report for the year: **2020**

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 000039573		2. Exact name of the Corporation 367 Benefit Street Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Management of a multi-unit condo complex.			
4. NAICS Code 813990 - Other Similar Or <input type="checkbox"/>					
6. Principal Office Address c/o CRS Management, LLC., 786 Oaklawn Ave.		City Cranston	State RI	Zip 02920	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher Riendeau		Vice-President Name Christine Byron			
Street Address 367 Benefit Street, Unit #7		Street Address 367 Benefit Street, Unit #4			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Margo Pettit		Treasurer Name			
Street Address 367 Benefit Street, Unit #6		Street Address			
City Providence	State RI	Zip 02903	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 Christopher Riendeau		Director Name Christine Byron			
Street Address 367 Benefit Street, Unit #7		Street Address 367 Benefit Street, Unit #4			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Margo Pettit		Director Name			
Street Address 367 Benefit Street, Unit #6		Street Address			
City Providence	State RI	Zip 02903	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 Carlene DeiNero				Date 6/3/2020	
Signature of Officer/Authorized Representative <i>Carlene DeiNero</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov