



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

FILED

JUN 12 2020

5563

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 151429		2. Exact name of the Corporation Condominiums at Georgiaville Pond			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island All lawful purposes including purposes related to condominiums.			
4. NAICS Code 813910 - Business Association <input type="checkbox"/>					
6. Principal Office Address P.O. Box 28216		City Providence	State RI	Zip 02908	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lawrence E. DeCristofaro, Jr.			Vice-President Name		
Street Address P.O. Box 28216			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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 Gregory DeCristofaro			Director Name JoAnne DeCristofaro		
Street Address P.O. Box 28216			Street Address P.O. Box 28216		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name Lawrence E. DeCristofaro, III			Director Name		
Street Address P.O. Box 28216			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 64'.					
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 Lawrence E. DeCristofaro, Jr.				Date 6/1/20	
Signature of Officer/Authorized Representative 					

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