



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

Annual Report for the year: **2020**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

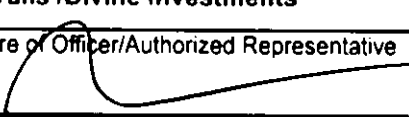
→ Penalty: Additional \$25.00 fee if form is not filed by July 30

FILED

JUL 01 2020

BY

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1. Entity ID Number 000135034		2. Exact name of the Corporation AAR Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condo Association			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 222 Broadway			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Bucci			Vice-President Name Thomas Belknap		
Street Address 116 Albert Avenue			Street Address 118 Albert Avenue		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name Mia Dady			Treasurer Name Mia Dady		
Street Address 114 Albert Avenue			Street Address 114 Albert Avenue		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
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 John Bucci			Director Name Thomas Belknap		
Street Address 116 Albert Avenue			Street Address 118 Albert Avenue		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Director Name Mia Dady			Director Name		
Street Address 114 Albert Avenue			Street Address		
City Cranston	State RI	Zip 02905	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 Rani Vails /Divine Investments				Date 06/25/2020	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

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