



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 1970
[Signature]

1. Entity ID Number 001659256		2. Exact name of the Corporation 2 Angell Street Condominium Association			
3. State of Incorporation Rhode Island		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 Geoffrey Lewis			Vice-President Name Allison Dale		
Street Address 2 Angell Street, Unit 2			Street Address 2 Angell Street, Unit 4		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Caroleann Lyons			Treasurer Name Caroleann Lyons		
Street Address 2 Angell Street, Unit 1			Street Address 2 Angell Street, Unit 1		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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 Geoffrey Lewis			Director Name Allison Dale		
Street Address 2 Angell Street, Unit 2			Street Address 2 Angell Street, Unit 4		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Caroleann Lyons			Director Name		
Street Address 2 Angell Street, Unit 1			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 Rani Vails / Divine Investments				Date 06/25/2020	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

SIGN DOCUMENT: 16 PF