



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

FILED
 JUL 01 2020
 BY 11682
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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 000697842		2. Exact name of the Corporation 3 Athenaeum Row Condominium Association			
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 Daniel Starr-Tambor		Vice-President Name Stephen Skoly			
Street Address 261 Benefit Street, Unit 2		Street Address 261 Benefit Street, Unit 1			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Leslie Barber		Treasurer Name Leslie Barber			
Street Address 261 Benefit Street, Unit 3		Street Address 261 Benefit Street, Unit 3			
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 Daniel Starr-Tambor		Director Name Stephen Skoly			
Street Address 261 Benefit Street, Unit 2		Street Address 261 Benefit Street, Unit 1			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Leslie Barber		Director Name			
Street Address 261 Benefit Street, Unit 3		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					

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