



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

Annual Report for the year: **2020**

Non-Profit Corporation

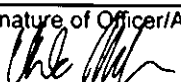
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

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BUS SVCS DIV

2020 JUL 22 AM 10:04

1. Entity ID Number 580887		2. Exact name of the Corporation 33 Grove Avenue Condominium Association INC.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To conduct business in accordance with the laws of the state of Rhode Island as a not-for-profit condominium association.			
4. NAICS Code 813990 - Other Similar Organiz:					
6. Principal Office Address 33 Grove Ave			City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael Marconi			Vice-President Name Charles Nolan		
Street Address 33 Grove Ave, Unit 3			Street Address 3 Sweet Corn Lane		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Ashley Nolan			Treasurer Name Charles Nolan		
Street Address 3 Sweet Corn Lane			Street Address 3 Sweet Corn Lane		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Michael Marconi			Director Name Charles Nolan		
Street Address 33 Grove Ave, Unit 3			Street Address 3 Sweet Corn Lane		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Ashley Nolan			Director Name		
Street Address 3 Sweet Corn Lane			Street Address		
City Westerly	State RI	Zip 02891	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 Charles Nolan				Date 7/16/2020	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE FILED	

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

JUL 22 2020

By **YCDZ9**
A.A. 10:09 A.M.

FORM 631 - Revised: 06/2017