



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

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 R.I. DEPT. OF STATE  
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 2020 JUL 22 AM 10:04

Annual Report for the year: 2017  
 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 <b>580887</b>		2. Exact name of the Corporation <b>33 Grove Avenue Condominium Association INC.</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To conduct business in accordance with the laws of the state of Rhode Island as a not-for-profit condominium association.</b>			
4. NAICS Code <b>813990 - Other Similar Organiz</b>					
6. Principal Office Address <b>33 Grove Ave</b>		City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Ms. Jean Parker</b>			Vice-President Name <b>Marc Lindman</b>		
Street Address <b>33 Grove Ave - Unit 2</b>			Street Address <b>442 Shannock Rd.</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>Michael Marconi</b>			Treasurer Name <b>Anthony Moroso</b>		
Street Address <b>33 Grove Ave - Unit 3</b>			Street Address <b>5 David Ave</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Ms. Jean Parker</b>			Director Name <b>Anthony Moroso</b>		
Street Address <b>33 Grove Ave - Unit 2</b>			Street Address <b>5 David Ave</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name <b>Marc Lindman</b>			Director Name		
Street Address <b>442 Shannock Rd.</b>			Street Address		
City <b>South Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>	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.					
<b>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.</b>					
<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 <b>Michael Marconi</b>				Date <b>11/11/2019</b>	
Signature of Officer/Authorized Representative <i>Michael Marconi</i>				SIGN DOCUMENT HERE	

**FILED**

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02804-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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BY YCOZ9  
 A.A. 10:05 A.M.