



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

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 BUS SVCS DIV
 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 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 <input type="checkbox"/>					
President Name Ms. Jean Parker			Vice-President Name Marc Lindman		
Street Address 33 Grove Ave - Unit 2			Street Address 442 Shannock Rd.		
City Westerly	State RI	Zip 02891	City South Kingstown	State RI	Zip 02879
Secretary Name Michael Marconi			Treasurer Name Anthony Moroso		
Street Address 33 Grove Ave - Unit 3			Street Address 5 David Ave		
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 <input type="checkbox"/>					
Director Name Ms. Jean Parker			Director Name Anthony Moroso		
Street Address 33 Grove Ave - Unit 2			Street Address 5 David Ave		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Marc Lindman			Director Name		
Street Address 442 Shannock Rd.			Street Address		
City South Kingstown	State RI	Zip 02879	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 Michael Marconi				Date 11/11/2019	
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 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY YCOZ9
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