

FILED

JUL 23 2020



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 • Email: corporations@sos.ri.gov • Website: www.sos.ri.gov

BY 1050 DSNON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

#813990

1 Entity ID No <u>000273604</u>		2 Exact name of the Corporation <u>Grotto Place Condominium Association Inc.</u>	
3 State of Incorporation <u>RI</u>		4 Brief description of the character of business conducted in Rhode Island <u>to carry out the bylaws of the Condo Assoc. and oversee the management of all powers & duties necessary to maintain the property.</u>	
5 Principal office address <u>76 Grotto Ave Unit 1</u>		City <u>Providence</u>	State <u>RI</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
President Name <u>Kathleen A. King</u>		Vice President Name <u>Peter Barry</u>	
Street Address <u>76 Grotto Ave Unit 1</u>		Street Address <u>126 Hepes Rd</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Portsmouth</u>	State <u>RI</u>
Zip <u>02906</u>		Zip <u>02871</u>	
Secretary Name <u>None</u>		Treasurer Name <u>Kathleen A. King</u>	
Street Address <u>76 Grotto Ave Unit 1</u>		Street Address <u>76 Grotto Ave Unit 1</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02906</u>		Zip <u>02906</u>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			
Director Name <u>Kathleen A. King</u>		Director Name <u>Alicia Barry</u>	
Street Address <u>76 Grotto Ave Unit 1</u>		Street Address <u>126 Hepes Rd</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Portsmouth</u>	State <u>RI</u>
Zip <u>02906</u>		Zip <u>02871</u>	
Director Name <u>Peter Barry</u>		Director Name <u></u>	
Street Address <u>126 Hepes Rd</u>		Street Address <u></u>	
City <u>Portsmouth</u>	State <u>RI</u>	City <u></u>	State <u></u>
Zip <u>02871</u>		Zip <u></u>	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised: 04/2014

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.

Signature of Officer or Authorized Representative

Kathleen A. King
or Type Name of Officer or Authorized Representative

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION
2020 JUN 27 AM 11:00