RI SOS Filing Number: 202047115460 Date: 7/30/2020 4:00:00 PM State of Rhode Island and Providence Plantations

Department of State - Business Services Division

| Annual Report for the year: | 2020 |
|-----------------------------|------|
| Non-Profit Corporation • | |

FILED **STAMP**

→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

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

| JUL 3 0 2020 | FOR SECRETARY OF STATE |
|--------------|---------------------------|
| 180 | J OSE CHILY |

| | | | | 1 200 | | | |
|---|--------------------------------|--|---|------------------------------|----------------------|--|--|
| 1. Entity ID Number | | of the Corporation | | | | | |
| 44530 | | | Park Condominiur | | nc. | | |
| 3. State of Incorporation | | | cter of business conducted in Rho | de Island | | | |
| Rhode Island | To operate a | To operate a condominium unit owners association | | | | | |
| 4. NAICS Code | | | | | | | |
| 624229 - Other Communit |] | | | | | | |
| 6. Principal Office Address | | | City | State | Zip | | |
| 1445 Wampanoag Trail, Suit | , Suite 117 | | East Providence | RI | 02915 | | |
| 7. List ALL officers (names and a | ddresses) | | <u>.</u> | Check the box to indi | cate an attachment | | |
| President Name Jeffrey Brown | 'n | | Vice-President Name Karen Preite | | | | |
| Street Address 1445 Wampanoag Trail | | Street Address 1445 Wampanoag Trail | | | | | |
| City East Providence | State RI | Zip 02915 | City East Providence | State RI | Zip 02915 | | |
| Secretary Name Paul Brown | | Treasurer Name Robert A. Caliri | | | | | |
| Street Address 1445 Wampano | t Address 1445 Wampanoag Trail | | Street Address 1445 Wampanoag Trail | | | | |
| ^{City} East Providence | State RI | Zip 02915 | City East Providence | State RI | ^{Zip} 02915 | | |
| 8. List ALL directors (names and | addresses). RI Co | orporations MUST | list at least THREE directors. | Check the box to indi | cate an attachment | | |
| Director Name Dr. Munal Salem | | Director Name Michael Oref | Director Name Michael Orefice, Jr. | | | | |
| Street Address 1445 Wampanoag Trail | | Street Address 1445 Wampanoag Trail | | | | | |
| City East Providence | State RI | ^{Zip} 02915 | City East Providence | State RI | ^{Zip} 02915 | | |
| Director Name James Schwartz, MD | | Director Name Andrew Ellison | | | | | |
| Street Address 1445 Wampanog Trail | | Street Address 1445 Wampanoag Trail | | | | | |
| City East Providence | State RI | ^{Zip} 02915 | City East Providence | Slate RI | ^{Zip} 02911 | | |
| | | | ord in the Department of State. Change | | | | |
| Under penalty of perjury, I deci statements, and that all statem | | | ed this report, including any ac id correct. | companying sched | ules and | | |
| This report must be signed by either the Pr | resident, Vice-Presiden | it, Secretary, Assistant (| Secretary, Treasurer, duly Authonzed Repre | escritative, Receiver or Tru | istee. | | |
| Name of Officer/Authorized Reprinter Brown | esentative | | | Date 7 2 | F 20 | | |
| Signature of Officer/Authorized Re | apresentative | SIGN DOC | CUMENT 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

Attachment

Entity ID Number

Name

44530

East Bay Office Park Condominium Assoc., Inc.

Directors: Dr. Monissa Solberg

1445 Wampanoag Trail, East Providence, RI 02915

Patrick Conley

1445 Wampanoag Trail, East Providence, RI 02915

Steven Shore

1445 Wampanoag Trail, East Providence, RI 02195

Scott Whittum

1445 Wampanoag Trail, East Providence, RI 02915

FILED