



RI SOS Filing Number: 202076550830 Date: 11/19/2020 12:15:00 PM
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
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 <u>144846</u>		2. Exact name of the Corporation <u>River Island Condominium Association</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Residential Condo Complex</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>PO Box 362</u>		City <u>Slatersville</u>	State <u>RI</u>
		Zip <u>02876</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Joyce LePerle</u>		Vice-President Name <u>Tony Contracchio</u>	
Street Address <u>148 Bernon St #12</u>		Street Address <u>148 Bernon St #26</u>	
City <u>Woonsocket</u>	State <u>RI</u>	City <u>Woonsocket</u>	State <u>RI</u>
Zip <u>02895</u>		Zip <u>02895</u>	
Secretary Name <u>Wilfred Lucas</u>		Treasurer Name	
Street Address <u>148 Bernon St #6</u>		Street Address	
City <u>Woonsocket</u>	State <u>RI</u>	City	State
Zip <u>02895</u>		Zip	
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 <u>Joyce LePerle</u>		Director Name <u>Tony Contracchio</u>	
Street Address <u>148 Bernon St #12</u>		Street Address <u>148 Bernon St #26</u>	
City <u>Woonsocket</u>	State <u>RI</u>	City <u>Woonsocket</u>	State <u>RI</u>
Zip <u>02895</u>		Zip <u>02895</u>	
Director Name <u>Wilfred Lucas</u>		Director Name	
Street Address <u>148 Bernon St #6</u>		Street Address	
City <u>Woonsocket</u>	State <u>RI</u>	City	State
Zip <u>02895</u>		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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Anthony Contracchio</u>		Date <u>3-10-20</u>	
Signature of Officer/Authorized Representative <u>Anthony Contracchio</u>			

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

NOV 19 2020
BY CH 6R JMB
12:15

FORM 631 - Revised: 06/2019