



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

Annual Report for the year: 2021

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.

FILED

MAR 9 2021

BY 110

1. Entity ID Number 000679127		2. Exact name of the Corporation PROSPECT PLACE CONDOMINIUM ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island ADMIN OPERATION, MNGEMENT, MAINT, PRESERVATION, CONTROL CONDO ASSOC			
5. Principal Office Address 40 PROSPECT AVENUE, UNIT A3		City NARRAGANSETT	State RI	Zip 02882	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name DONNA LONGO			Vice-President Name STEPHEN GORSKI		
Street Address 40 PROSPECT AVENUE, UNIT A3			Street Address 40 PROSPECT AVENUE, UNIT A3		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Secretary Name DOUG COTE			Treasurer Name LISA SANTORO		
Street Address 39 JAMESTOWN ROAD			Street Address 40 PROSPECT AVENUE, UNIT B4		
City LEOMINSTER	State MA	Zip 01453	City NARRAGANSETT	State RI	Zip 02882
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name DONNA LONGO			Director Name STEPHEN GORSKI		
Street Address 40 PROSPECT AVENUE, UNIT A3			Street Address 40 PROSPECT AVENUE, UNIT A3		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Director Name LISA SANTORO			Director Name ALEX GIL		
Street Address 40 PROSPECT AVENUE, UNIT B4			Street Address 11100 EAST GREYTHORN DRIVE		
City NARRAGANSETT	State RI	Zip 02882	City SCOTTSDALE	State AZ	Zip 85262
8. 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 DONNA LONGO				Date 3/1/2021	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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Website: www.sos.ri.gov