RI SOS Filing Number: 202195689750 Date: 4/12/2021 11:56:00 AM

State of Rhode Island
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	2 Exact name of the Corporation
507720	MARLBOROUGH STREET ASSOCIATION INC
3 State of Incorporation: RHODE ISLAND	5 Brief description of the character of business conducted in Rhode Island: HOME OWNERS CONDOMINIUM ASSOCIATION
4 NAICS Code: 813990 - Other Similar Organizat	

6 Principal Office Address	City	State	Zip
100 MARLBOROUGH STREET	EAST GREENWICH	RI	02818

7 List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: EDWARD BOPP	Vice-President Name:
Street Address: 100 MARLBOROUGH STREET, NO. G	Street Address:
City: EAST GREENWICH State: RI Zip: 02818	City: State: Zip:
Secretary Name: EDWARD MARCHAND	Treasurer Name: AUGUSTUS MARCELLA
Street Address: 100 MARLBOROUGH STREET, NO 1B	Street Address: 100 MARLBOROUGH STREET, NO 3A
City: EAST GREENWICH State: RI Zip: 02828	City: EAST GREENWICH State: RI Zip: 02818

8 List ALL directors (names and addresses) RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: EDWARD BOPP	Director Name: AUGUSTUS MARCELLA
Street Address: 100 MARLBOROUGH STREET, NO G	Street Address: 100 MARLBOROUGH STREET, NO 3A
City: EAST GREENWICH State: Zip:	City: EAST GREENWICH State: RI Zip: 02818
Director Name: EDWARD MARCHAND	Director Name:
Street Address: 100 MARLBOROUGH STREET, NO 1B	Street Address:
City: EAST GREENWICH State: RI Zip: 02818	City: State: Zip:

9 The Registered Agent information of record with the RI Department of State is accurate 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	Date
JULIA L WESTCOTT CPA	MARCH 31, 2021

Signature of Officer/Authorized Representative

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

FORM 631 - Revised: 08/2020

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