State of Rhode Island
Department of State - Business Services Division

FILED
JUN 17 2021
BY

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.

1. Entity ID Number	2. Exact name of the Corporation
001668037	VOV CONDOMINIUM ASSOCIATION
3. State of Incorporation: RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island: Manage a Condominium Owners Association for Property Located at 620 Main Street, East Greenwich, Rhode Island.
4. NAICS Code: 813990 - Other Similar Organ	

6. Principal Office Address	City	State	Zip
620 MAIN STREET, SUITE CU-3A	EAST GREENWICH	RI	02818

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

President Name: Lisa A. Geremia			Vice-President Name: Roger Coutu, Jr.		
Street Address: 620 Main Street, Unit #1			Street Address: 222 Jefferson Blvd		
City: East Greenwich	State: RI	Zip: 02818	City: Warwick	State: RI	Zip: 02888
Secretary Name: Roger Coutu, Jr.			Treasurer Name: David Iannuccilli		
Street Address: 222 Jefferson Blvd			Street Address: 655 Main Street		
City: Warwick	State: RI	Zip: 02888	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: Roger Coutu, Jr.			Director Name: David Iannuccilli		
Street Address: 222 Jefferson Blvd			Street Address: 655 Main Street		
City: Warwick	State: RI	Zip: 02888	City: East Greenwich	State: RI	Zip: 02818
Director Name: Stephen Skoly			Director Name:		
Street Address: 30 Chapel View Blvd, Suite 240			Street Address:		
City: Cranston	State: RI	Zip: 02920	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
Lisa A. Geremia, President	6.14.2021

Signature of Officer/Authorized Representative: Lisa A. Geremia

MAIL TO:
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020