State of Rhode Island

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.

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1. Entity ID Number	2. Exact name of the Corporation
70709	**Warren Avenue Condominum Association**
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To oversee the operation of projects
4. NAICS Code: 813990 - Other Similar Organ	

6. Principal Office Address	City	State	Zip
19 Warren Avenue	North Providence	RI	02911

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

President Name: John Barth			Vice-President Name: Jason Lourenco		
Street Address: 19 Warren Avenue #6			Street Address: 13 Ames St.		
City: North Providence	State: RI	Zip: 02911	City: West Warwick	State: RI	Zip: 02911
Secretary Name: Joanne DiSanto			Treasurer Name: Linda Leal		
Street Address: 19 Warren Avenue #2			Street Address: 56 Holmes Avenue		
City: North Providence	State: RI	Zip: 02911	City: Rumford	State: RI	Zip: 02916

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

Director Name: John Barth			Director Name: Linda Leal		
Street Address: 19 Warren Avenue #6			Street Address: 6 Holmes Avenue		
City: North Providence	State: RI	Zip: 02911	City: Rumford	State: RI	Zip: 02916
Director Name: Joanne DiSanto			Director Name:		
Street Address: 19 Warren Avenue #2			Street Address:		
City: North Providence	State: RI	Zip: 02911	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
Linda Leal	6/2/21

Signature of Officer/Authorized Representative: Linda Leal

FILED
JUN 22 2021
BY 002496 AA.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615