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State of Rhode Island
Department of State - Business Services Division

FILED
JUN 22 2021
BY 1558 DS

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
000156058	**Pontiac Mills Condominium Association**
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Condo Association
4. NAICS Code: 813990 - Other Similar Organ	

6. Principal Office Address	City	State	Zip
334 Knight Street, Ste. 11201	Warwick	RI	02886

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

President Name: Laurence Silverstein Phillips			Vice-President Name: Michael Marc Munafo		
Street Address: 334 Knight Street, Ste. 11201			Street Address: 334 Knight Street, Ste. 11201		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886
Secretary Name: Michael Marc Munafo			Treasurer Name: Laurence Silverstein Phillips		
Street Address: 334 Knight Street, Ste. 11201			Street Address: 334 Knight Street, Ste. 11201		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886

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

Director Name: Laurence Silverstein Phillips			Director Name: Michael Marc Munafo		
Street Address: 334 Knight Street, Ste. 11201			Street Address: 334 Knight Street, Ste. 11201		
City: Warwick	State: RI	Zip: 02886	City: Warwick	State: RI	Zip: 02886
Director Name: Hampton Hodges			Director Name:		
Street Address: 334 Knight Street, Ste. 11201			Street Address:		
City: Warwick	State: RI	Zip: 02886	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
Laurence S. Phillips	6/15/21

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