RI SOS Filing Number: 202198784920 Date: 6/28/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED STAMP
JUN 28 2021
FOR SECRETARY OF STATE USE ONLY
BY 1835

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
000528193	The Cosmopolitan Homeowners Association Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: maintenance and operation of HOA
4. NAICS Code: 624229 - Other Community Hou	

6. Principal Office Address	City	State	Zip
76 Westminster Street, Suite 204	Providence	RI	02903

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

President Name: Gilad Barnea			Vice-President Name: none		
Street Address: 100 Fountain Street, unit 7A			Street Address:		
City: Providence	State: RI	Zip: 02903	City:	State:	Zip:
Secretary Name: none			Treasurer Name: Marshall Raucci		
Street Address:			Street Address: 100 Fountain Street, unit 4A		
City:	State:	Zip:	City: Providence	State: RI	Zip: 02903

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

Director Name: Matt Esler			Director Name: Louis Ferrazzano		
Street Address: 100 Fountain Street, unit 7B			Street Address: 100 Fountain Street, unit C1		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Director Name: Sean Marchionte			Director Name: none		
Street Address: 100 Fountain Street, unit C2			Street Address:		
City: Providence	State: RI	Zip: 02903	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
Tom Coucci - Authorized Representative	06/17/2021

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