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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
JUN 28 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
000519239	**Seabury Condominium Association, Inc**
3. State of Incorporation: **RI**	5. Brief description of the character of business conducted in Rhode Island: **Manage the affairs of the condominium association.**
4. NAICS Code: **813990 - Other Similar Orga**	

6. Principal Office Address	City	State	Zip
181 Knight Street	**Warwick**	**RI**	**02886**

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

President Name: **Lawrence Ceresi**			Vice-President Name:		
Street Address: **190 Allegra Lane**			Street Address:		
City: **North Kingstown**	State: **RI**	Zip: **02852**	City:	State:	Zip:
Secretary Name: **Jeffrey Gladstone**			Treasurer Name: **Dustin Slocum**		
Street Address: **4162 Post Road, #1**			Street Address: **4162 Post Road, #11**		
City: **Warwick**	State: **RI**	Zip: **02818**	City: **Warwick**	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: **Lawrence Ceresi**			Director Name: **Jeffrey Gladstone**		
Street Address: **190 Allegra Lane**			Street Address: **4162 Post Road, #1**		
City: **North Kingstown**	State: **RI**	Zip: **02852**	City: **Warwick**	State: **RI**	Zip: **02818**
Director Name: **Dustin Slocum**			Director Name:		
Street Address: **4162 Post Road, #11**			Street Address:		
City: **Warwick**	State: **RI**	Zip: **02818**	City:	State:	Zip:

9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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: LAWRENCE CERESI
Date: 6-19-2021
Signature of Officer/Authorized Representative: SIGN DOCUMENT HERE

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: 06/2019