



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.

FILED STAMP

JUN 28 2021 FOR STATE ONLY

BY [Signature]

1. Entity ID Number 001709190		2. Exact name of the Corporation Slocum Heights Condominium			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condominium Association			
4. NAICS Code 813990 - Other Similar Organiza					
6. Principal Office Address N/A			City	State	Zip
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Richard Padien			Vice-President Name none		
Street Address 186 Allegra Lane			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name none			Treasurer Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Richard Padien			Director Name Richard Joyal		
Street Address 186 Allegra Lane			Street Address 16 Kimberly Court		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Director Name Anna Massenzio			Director Name none		
Street Address 214 Allegra Lane			Street Address		
City North Kingstown	State RI	Zip 02852	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Tom Coucci - Authorized Representative				Date 06/16/2021	
Signature of Officer/Authorized Representative <u>[Signature]</u>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov