

FILED



State of Rhode Island
Department of State - Business Services Division

JUN 29 2021

BY *[Signature]* 1695BMP

FOR SECRETARY OF STATE USE ONLY

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 001708941		2. Exact name of the Corporation Bassett Street 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 <i>N/A 18 Imperial Place</i>		City <i>Providence</i>	State <i>RI</i>	Zip <i>02903</i>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <i>Al Marciano</i>		Vice-President Name <i>none</i>			
Street Address <i>18 Imperial Place, unit 1D</i>		Street Address			
City <i>Providence</i>	State <i>RI</i>	Zip <i>02903</i>	City	State	Zip
Secretary Name <i>Cathy Lund</i>		Treasurer Name <i>none</i>			
Street Address <i>18 Imperial Place, unit 1B</i>		Street Address			
City <i>Providence</i>	State <i>RI</i>	Zip <i>02903</i>	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 <i>Kevin Lovett</i>		Director Name <i>Jim Hamann</i>			
Street Address <i>18 Imperial Place, unit 3D</i>		Street Address <i>18 Imperial Place, unit 6F</i>			
City <i>Providence</i>	State <i>RI</i>	Zip <i>02903</i>	City <i>Providence</i>	State <i>RI</i>	Zip <i>02903</i>
Director Name <i>Sarah Brown</i>		Director Name <i>none</i>			
Street Address <i>18 Imperial Place, unit 6E</i>		Street Address			
City <i>Providence</i>	State <i>RI</i>	Zip <i>02903</i>	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 <i>Tom Coucci - Authorized Representative</i>				Date <i>06/17/2021</i>	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
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