



State of Rhode Island and Providence Plantations
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

JUL 02 2021

BY AL 376

1. Entity ID Number 52310		2. Exact name of the Corporation CON-LEN CONDOMINIUM ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island MANAGE EXPENSES FOR CONDO. UNITS			
4. NAICS Code 813910 - Business Assoc ☐					
6. Principal Office Address 19E LARK INDUSTRIAL PKY.		City GREENVILLE		State RI	Zip 02828
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name STEVEN DORAZIO			Vice-President Name ARTHUR FIORENZANO		
Street Address 19E LARK INDUSTRIAL PKY			Street Address 19A LARK INDUSTRIAL PKY		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
Secretary Name BLAIR-VICTORIA DUTRA			Treasurer Name JOHN D'AMICO		
Street Address 19D LARK INDUSTRIAL PKY			Street Address 19B LARK INDUSTRIAL PKY		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name STEVEN DORAZIO			Director Name ARTHUR FIORENZANO		
Street Address ABOVE			Street Address ABOVE		
City	State	Zip	City	State	Zip
Director Name JOHN D'AMICO			Director Name		
Street Address ABOVE			Street Address		
City	State	Zip	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.					
<i>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>					
<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 STEVEN DORAZIO					Date 06/29/21
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