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
JUL 26 2021
BY AR 11553

1. Entity ID Number	2. Exact name of the Corporation
125303	The Abingdon At Westminster Crossing Condominium Association
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To operate and manage residential and commercial condominium
4. NAICS Code: 813990 - Other Similar Organiza	

6. Principal Office Address	City	State	Zip
715 Westminster Street - No. 3	Providence	RI	02903

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

President Name: Jed Keltz			Vice-President Name: NA		
Street Address: 715 Westminster Street - Unit 3			Street Address:		
City: Providence	State: RI	Zip: 02903	City:	State:	Zip:
Secretary Name: Kelly Taylor			Treasurer Name: Steve Brock		
Street Address: 717 Westminster Street			Street Address: 715 Westminster Street - Unit 1		
City: Providence	State: RI	Zip: 02903	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: Jed Keltz			Director Name: Steve Brock		
Street Address: 715 Westminster Street - Unit 3			Street Address: 715 Westminster Street - Unit 1		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Director Name: Kelly Taylor			Director Name:		
Street Address: 717 Westminster Street			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: Geoffrey Keltz — Date: 7/22/21

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