

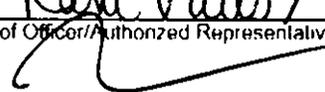
 State of Rhode Island
Department of State - Business Services Division

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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUL 28 P 2:13

1. Entity ID Number 000509664		2. Exact name of the Corporation 119 Benefit Street Condominium Association	
3. State of Incorporation Rd		5. Brief description of the character of business conducted in Rhode Island Condo Association.	
4. NAICS Code 813990			
6. Principal Office Address 222 Broadway		City Providence	State Rd
		Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Carl Lustritto		Vice President Name Georgia Lipkin	
Street Address 119 Benefit St. Unit 3		Street Address 119 Benefit St. Unit #5	
City Providence	State Rd	City Providence	State Rd
Zip 02903		Zip 02903	
Secretary Name Michael Kenyon		Treasurer Name Albert Webson	
Street Address 119 Benefit St. #4		Street Address 119 Benefit St, Unit #1	
City Providence	State Rd	City Providence	State Rd
Zip 02903		Zip 02903	
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 Carl Lustritto		Director Name Georgia Lipkin	
Street Address 119 Benefit St #3		Street Address 119 Benefit St, #5	
City Providence	State Rd	City Providence	State Rd
Zip 02903		Zip 02903	
Director Name Michael Kenyon		Director Name Albert Webson	
Street Address 119 Benefit St. #4		Street Address 119 Benefit Street, Unit #4	
City Providence	State Rd	City Providence	State Rd
Zip 02903		Zip 02903	
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 Ravi Vails / Divine Investments			Date 7/26/2021
Signature of Officer/Authorized Representative 			

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

JUL 28 2021
BY P. CGW
2:13

FORM 631 - Revised: 08/2020