RI SOS Filing Number: 202199806810 Date: 7/30/2021 8:47:00 AM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
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.

STAMP
RECEIVED STATE DEPT OF STATE BUSINESS SVCS BRN
2021 JUL 30 AM 8:46
FOR SECRETARY OF STATE

1. Entity ID Number	2 Exact name of the Corporation
000039838	Urban Arms Condo Association
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Manage the affairs of the condominium association
4. NAICS Code: 813990 Other Similar Organiza	

6 Principal Office Address	City	State	Zip
C/o Acropolis Management, 76 Westminster Street, suite 204	Providence	RI	02903

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

President Name: Nancy Marquis			Vice-President Name: none		
Street Address: 45 Urban Ave, unit 1			Street Address:		
City: North Providence	State: RI	Zip: 02904	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 ☐

Director Name: Nancy Marquis			Director Name: Ryan Bassett		
Street Address: 45 Urban Ave, unit 1			Street Address: 45 Urban Ave. unit 5		
City: North Providence	State: RI	Zip: 02904	City: North Providence	State: RI	Zip: 02904
Director Name: Beatriz Ramirez			Director Name: none		
Street Address: 45 Urban Ave, unit 3			Street Address:		
City: North Providence	State: RI	Zip: 02904	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	Date
Tom Coucci - Authorized Representative	07/06/2021

Signature of Officer/Authorized Representative

FILED
JUL 30 2021
BY 9C2XY
AM 8147 P.M.

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