



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
2021 JUL 30
RECEIVED
BUSINESS SERVICES DIVISION
DEPT OF STATE
AM 8:46

1. Entity ID Number 000039838		2. Exact name of the Corporation 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 C/o Acropolis Management, 76 Westminster Street, suite 204		City Providence		State RI	Zip 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.					
<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 Tom Coucci - Authorized Representative					Date 07/06/2021
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.n.gov

JUL 30 2021
BY **9C2XU**
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