



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2021

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 AUG -4 A 10:19

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000054643		2. Exact name of the Corporation Lexington Court Condominium Association Inc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Maintaining Condominium units	
4. NAICS Code 813910			
6. Principal Office Address 210 Lexington Ave		City Providence	State RI
		Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>			
President Name Rafael Genes		Vice-President Name Wendy Noche	
Street Address 24 Oakland Dr		Street Address 210 Lexington Ave # 5	
City West Warwick	State RI	City Providence	State RI
Zip 02883		Zip 02907	
Secretary Name Emmy Casanova		Treasurer Name Leonora Urrutia	
Street Address 24 Oakland Dr		Street Address 210 Lexington Ave # 4	
City West Warwick	State RI	City Providence	State RI
Zip 02883		Zip 02907	
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 Rosanna Genes		Director Name Sallam M Kharouz	
Street Address 210 Lexington Ave # 4		Street Address 210 Coxnigh Ave # 1	
City Providence	State RI	City Providence	State RI
Zip 02907		Zip 02907	
Director Name Providence (Wendy Noche)		Director Name	
Street Address 210 Lexington # 6		Street Address	
City Providence	State RI	City	State
Zip 02907		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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Rafael Genes			Date 8/4/2021
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

AUG 04 2021
BY CM 8R4PK

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