



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2018**

Non-Profit Corporation

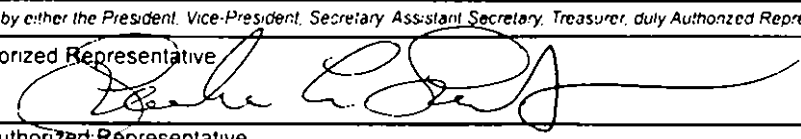
→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.

2021 AUG -5 AM 12:11

1. Entity ID Number 000131237		2. Exact name of the Corporation RIVER BEND CONDOMINIUM HOMEOWNER'S ASSOCIATION, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island THE MANAGEMENT OF ALL AFFAIRS OF THE RIVER BEND CONDOMINIUMS			
4. NAICS Code 813990 - Other Similar Organiza					
6. Principal Office Address 450 PROVIDENCE STREET			City WEST WARWICK	State RI	Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name JENNIFER COMBS			Vice-President Name SANDRA SWEET		
Street Address 450 PROVIDENCE STREET #17			Street Address 450 PROVIDENCE STREET #27		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name VENUS LANZOT-LEWIS			Treasurer Name NONE ELECTED		
Street Address 450 PROVIDENCE STREET #11			Street Address		
City WEST WARWICK	State RI	Zip 02893	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 JENNIFER COMBS			Director Name SANDRA SWEET		
Street Address 450 PROVIDENCE STREET #17			Street Address 450 PROVIDENCE STREET #27		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Director Name VENUS LANZOT-LEWIS			Director Name		
Street Address 450 PROVIDENCE STREET #11			Street Address		
City WEST WARWICK	State RI	Zip 02893	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 SANDRA SWEET 				Date 7/23/21	
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

FILED

AUG 05 2021

RL GDBAH

FORM 631 - Revised: 08/2020

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