



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2021 AMENDED

- 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

1. Entity ID Number 000273604		2. Exact name of the Corporation Grotto Place Condominium Association, Inc.		2021 AUG -6 P 1:43	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Management of two residential condominiums			
4. NAICS Code 429 647					
6. Principal Office Address 74-76 Grotto Ave		City Providence	State RI	Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Janis Solomon		Vice-President Name Peter Barry			
Street Address 74-76 Grotto Ave		Street Address 126 Lepes Rd			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02871
Secretary Name Alicia Barry		Treasurer Name Janis Solomon			
Street Address 126 Lepes Rd		Street Address 76 Grotto Ave			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 Janis Solomon		Director Name Alicia Barry			
Street Address 76 Grotto Ave		Street Address 126 Lepes Rd			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02871
Director Name Peter Barry		Director Name			
Street Address 126 Lepes St		Street Address			
City Providence	State RI	Zip 02871	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 Kathleen A. King				Date 8/6/21	
Signature of Officer/Authorized Representative <i>Kathleen A. King</i>					

FILED ^c

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

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State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

August 06, 2021 01:43 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

