State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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.

FILED
AUG 10 2021
BY 13536

1. Entity ID Number	2. Exact name of the Corporation
001679054	PARK LACE ESTATES CONDOMINIUM ASSOCIATION
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Condominium Association to manage the condominium property
4. NAICS Code: 813910 - Business Association	

6. Principal Office Address	City	State	Zip
C/O Gaschen Law Offices	Cumberland	RI	02864

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

President Name: Angela Watson			Vice-President Name:		
Street Address: 6 Tobie Avenue			Street Address:		
City: PawtuckEt	State: RI	Zip: 02861	City:	State:	Zip:
Secretary Name: Kevin Xavier			Treasurer Name: Meryl Xavier		
Street Address: 7 Hyde Avenue			Street Address: 7 Hyde Avenue		
City: Pawtucket	State: RI	Zip: 02861	City: Pawtucket	State: RI 02861	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: Angela Watson			Director Name: Meryl Xavier		
Street Address: 6 Tobie Avenue			Street Address: 7 Hyde Avenue		
City: Pawtucket	State: RI	Zip: 02861	City: Pawtucket	State: RI	Zip: 02861
Director Name: Kathy Frechette			Director Name: Kevin Xavier		
Street Address: 8 Tobie Avenue			Street Address: 7 Hyde Avenue		
City: Pawtuckeet	State: RI	Zip: 02861	City: Pawtucket	State: RI	Zip: 02861

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
Francis A. Gaschen	7-31-2021

Signature of Officer/Authorized Representative: Francis A Gaschen

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