

 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**  
 SEP 09 2021 02  
 BY 1121

1. Entity ID Number <b>000126648</b>		2. Exact name of the Corporation <b>755 Lofts Owners Association</b>			
3. State of Incorporation <b>Rd</b>		5. Brief description of the character of business conducted in Rhode Island <b>Condo Association</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>222 Broadway</b>			City <b>Providence</b>	State <b>Rd</b>	Zip <b>02903</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Barry Preston</b>			Vice-President Name <b>Lana Soussan</b>		
Street Address <b>334 Broadway</b>			Street Address <b>755 Westminister St. Unit #301</b>		
City <b>Providence</b>	State <b>Rd</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>Rd</b>	Zip <b>02903</b>
Secretary Name <b>Carlos Ventura</b>			Treasurer Name <b>Carlos Ventura</b>		
Street Address <b>755 Westminister St. Unit #402</b>			Street Address <b>755 Westminister St. Unit #402</b>		
City <b>Providence</b>	State <b>Rd</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>Rd</b>	Zip <b>02903</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Barry Preston</b>			Director Name <b>Lana Soussan</b>		
Street Address <b>334 Broadway</b>			Street Address <b>755 Westminister St. Unit #301</b>		
City <b>Providence</b>	State <b>Rd</b>	Zip <b>02909</b>	City <b>Providence</b>	State <b>Rd</b>	Zip <b>02903</b>
Director Name <b>Carlos Ventura</b>			Director Name		
Street Address <b>755 Westminister St. Unit #402</b>			Street Address		
City <b>Providence</b>	State <b>Rd</b>	Zip <b>02903</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Rami Vails / Divine Investments</b>				Date <b>7/28/2021</b>	
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