



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 Non-Profit Corporation

- Filing period February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31

FILED
 APR 04 2022
 BY

1. Entity ID Number 000679127		2. Exact name of the Corporation PROSPECT PLACE CONDOMINIUM ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island ADMINISTRATIVE OPERATION, MANAGEMENT, MAINTENANCE, PRESERVATION, CONTROL CONDO ASSOCIATION			
4. NAICS Code 813990 - Other Similar Organiza					
6. Principal Office Address 40 PROSPECT AVENUE, UNIT B3			City NARRAGANSETT	State RI	Zip 02882
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KAREN VARNEY			Vice-President Name KAREN GORTER		
Street Address 40 PROSPECT AVENUE, UNIT B3			Street Address 40 PROSPECT AVENUE, UNIT B2		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Secretary Name ELIZABETH MORIN			Treasurer Name ARTHUR ANDOLOFO		
Street Address 40 PROSPECT AVENUE, UNIT A4			Street Address 40 PROSPECT AVENUE, UNIT C2		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
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 KAREN VARNEY			Director Name KAREN GORTER		
Street Address 40 PROSPECT AVENUE, UNIT B3			Street Address 40 PROSPECT AVENUE, UNIT B2		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
Director Name ARTHUR ANDOLOFO			Director Name ELIZABETH MORIN		
Street Address 40 PROSPECT AVENUE, UNIT C2			Street Address 40 PROSPECT AVENUE, UNIT A4		
City NARRAGANSETT	State RI	Zip 02882	City NARRAGANSETT	State RI	Zip 02882
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 KAREN VARNEY					Date
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
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