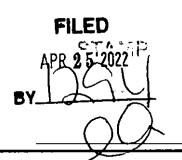


Annual Report for the year: 2022
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2. Exact name of the Corporation				
001665341	The Residences at Limerock Condominium Association				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Condominium Association				
4. NAICS Code	[
813990 - Other Similar Organizat					
6. Principal Office Address			City	State	Zip
8A Fairway Drive			Smithfield	RI	02917
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name David Martinelli			Vice-President Name John Capuano		
Street Address 8A Fairway Drive			Street Address 12B Fairway Drive		
^{City} Smithfield	State RI	^{Zip} 02917	City Smithfield	State RI	^{Z_{ip}} 02917
Secretary Name Michael DiBiasio			Treasurer Name David Martinellli		
Street Address 1A Fairway Drive			Street Address 8A Fairway Drive		
^{City} Smithfield	State RI	^{Zip} 02917	^{City} Smithfield	State RI	^{Zip} 02917
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name David Martinelli			Director Name Michael DiBiasio		
Street Address 8A Fairway Drive			Street Address 1A Fairway Drive		
^{City} Smithfield	State RI	^{Zip} 02917	City Smithfield	State RI	Zip
Director Name John Capuano			Director Name		
Street Address 12B Fairway Drive			Street Address		
^{City} Smithfield	State RI	^{Zip} 02917	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.					
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	
David Martinelli		4/21/2022			
Signature of Officer/Authorized Representative Waved & Mastinelle					

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: 11/2021