RI SOS Filing Number: 202215744380 Date: 4/25/2022 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	:
Non-Profit Corporation	

2022

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

FILED
ARR, 2.5, 2022
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1. Entity ID Number	2. Exact name of the Corporation Quaker Commons Condominium Association, Inc.					
000177423						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	Manger the affairs of the condominium association.					
4. NAICS Code						
813990 - Other Similar Organ	<u> </u>	_				
6. Principal Office Address	<u> </u>		City	State	Zip	
181 Knight Street		_	Warwick	RI	02886	
7. List ALL officers (names and add	Iresses)			eck the box to indicate	e an attachment	
President Name John Haddad			Vice-President Name Marc Charren			
Street Address 2790 South County Trail			Street Address 75 Granite Drive			
City East Greenwich	State RI	^{Zip} 02818	City East Greenwich	State RI	Zip 02818	
Secretary Name	Treasurer Name Marc Charren					
Street Address			Street Address 75 Granite Drive			
City	State	Zip	^{City} East Greenwich	State RI	^{Zip} 02818	
8. List ALL directors (names and a	ddresses). RI Corp	porations MUST lis		eck the box to indicat	e en attachment	
Director Name John Haddad			Director Name Marc Charren			
Street Address 2790 South County Trail			Street Address 75 Granite Drive			
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City East Greenwich	State RI	^{Zīp} 2818	City East Greenwich	State RI	^{Zip} 2818	
Director Name Sanford Resnic	Or Name Sanford Resnick Director Name					
Street Address 300 Centerville	Rd Summit V	Vest Ste #300	Street Address			
City Warwick	State RI	^{Zlp} 02886	City	State	Zip	
9. The Registered Agent information	on of record with th	ne RI Department o	of State is accurate. Changes requi	re filing Form 641.		
Under penalty of perjury, I decla statements, and that all stateme			this report, including any accord	panying schedul	les and	
This report must be signed by either the Pre	sident, Vice-President,	Secretary, Assistant Sec	cretary. Treasurer, duly Authorized Represent	ative, Receiver or Trust	88 .	
Name of Officer/Authorized Representative Marc Charren, Vice President Date 4//4/2 2					/ 2 <u>Z</u>	
Signature of Officer/Authorized Re		uuen C	Member			

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615