



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2023
Non-Profit Corporation

FEB 10 2023
 BY [Signature]

- 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 000039573		2. Exact name of the Corporation 367 Benefit Street Condominium Association, Inc			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Management of a multi-unit condo complex			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address c/o CRS Management 786 Oaklawn Avenue			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christopher Riendeau			Vice-President Name R.J. Heim		
Street Address 367 Benefit Street, Unit 7			Street Address 367 Benefit Street, Unit 1		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name			Treasurer Name Alexandria Pizzi		
Street Address			Street Address 367 Benefit Street, Unit 3		
City	State	Zip	City Providence	State RI	Zip 02903
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 Christopher Riendeau			Director Name R.J. Heim		
Street Address 367 Benefit Street, Unit 7			Street Address 367 Benefit Street, Unit 1		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Alexandria Pizzi			Director Name		
Street Address 367 Benefit Street, Unit 3			Street Address		
City Providence	State RI	Zip 02903	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Carlene Delnero				Date 1-30-23	
Signature of Officer/Authorized Representative <u>[Signature]</u>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov