RI SOS Filing Number: 202328617650 Date: 2/13/2023 4:00:00 PM

Department of State - Business Services Division

State of Rhode Island

Annual Report for the year: 2023 Corporation			FEB 13 2023					
			_	- BY 691				
→ Filing period: February 1 - May 1			31 <u></u>					
→ Filing Fee: \$50.00 → Penalty: Additional \$25.0	00 fee if form is n	ot filed by May 31.				▼ -		
1. Entity ID Number		ne of the Corporation	<u> </u>					
000539903		315 Commerce Park Condo Association, Inc.						
3. Principal Office Address	I	· · · · · · · · · · · · · · · · · · ·	City		State	Zip		
786 Oaklawn Avenue			Cranston		RI	02920		
4. NAICS Code	6. Brief desc	6. Brief description of the character of business conducted in Rhode Island						
541690	Office Co	Office Condo						
5. State of Incorporation	\neg							
RI								
7. List ALL officers (names and	7. List ALL officers (names and addresses)				Check the box to indicate an attachment Vice-President Name			
President Name Dale Nelson c/o CRS Mgmt			Vice-President Name					
Street Address 786 Oaklawn Avenue			Street Address					
^{City} Cranston	State RI	^{Zip} 02920	City		State	Zıp		
Secretary Name	······································		Treasurer Nan	ne				
Street Address			Street Address					
City	State	Zip	City		State	Zıp		
8. List ALL directors (names an	nd addresses)			Check the box to indicate an attachment				
Director Name			Director Name	<u>. </u>				
Street Address			Street Address					
City	State	Zip	City		State	Zip		
Director Name			Director Name					
Street Address			Street Address					
City	State	Žip	City	· ·	State	Zip		
9. Shares Authorized This information is currently of r). Shares Authorized This information is currently of record in the		10. Shares Issued NUMBER OF SHARES		Check the box to indicate an attachment CLASS/SERIES PAR VALUE			
Department of State.		• • • • •	1000			0.0000		
Changes require an additional filing.					CNP			
11. This report must be execute	ed on behalf of the	e corporation by an a	authorized repres	sentative. If the con	poration is in t	the hands of a receiver or		
trustee, this report must be exe	ecuted on behalf of	of the corporation by t	the receiver or tr	rustee.				
Under penalty of perjury, I de statements, and that all state				ncluding any acco	mpanying so ————	chedules and		
Name of Authorized Representative					Date			
Carlene Delnero			<u> </u>	30 - 23				
Signature of Authorized Repres	Л		<u> </u>					
(Wiliam	ΔM_{\star}	eso						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 **Website:** www.sos.ri.gov

FILED