



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023

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.

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|  |                 |  |                        |                       |                  |
|--|-----------------|--|------------------------|-----------------------|------------------|
| 1. Entity ID Number<br><b>151429</b>   |                 | 2. Exact name of the Corporation<br><b>Condominiums at Georgiaville Pond</b>   |                        |                       |                  |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>All lawful purposes related to condominiums.</b> |                        |                       |                  |
| 4. NAICS Code<br>813910 - Business Association <input type="checkbox"/>  |                 |  |                        |                       |                  |
| 6. Principal Office Address<br><b>P.O. Box 28216</b>   |                 | City<br><b>Providence</b>  | State<br><b>RI</b>     | Zip<br><b>02908</b>   |                  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |  |                        |                       |                  |
| President Name <b>Lawrence E. De Cristifaro Jr.</b>  |                 | Vice-President Name  |                        |                       |                  |
| Street Address <b>P.O. Box 28216</b>   |                 | Street Address   |                        |                       |                  |
| City <b>Providence</b>   | State <b>RI</b> | Zip <b>02908</b>   | City                   | State                 | Zip              |
| Secretary Name   |                 | Treasurer Name   |                        |                       |                  |
| Street Address   |                 | Street Address   |                        |                       |                  |
| City   | State           | Zip  | City                   | State                 | Zip              |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |  |                        |                       |                  |
| Director Name <b>Gregory DeCristofaro</b>  |                 | Director Name <b>Lawrence E DeCrisofaro III</b>  |                        |                       |                  |
| Street Address <b>P. O. Box 28216</b>  |                 | Street Address <b>P. O. Box 28216</b>  |                        |                       |                  |
| City <b>Providence</b>   | State <b>RI</b> | Zip <b>02908</b>   | City <b>Providence</b> | State <b>RI</b>       | Zip <b>02908</b> |
| Director Name <b>Joanne DeCristofaro</b>   |                 | Director Name  |                        |                       |                  |
| Street Address <b>P.O. Box 28216</b>   |                 | Street Address   |                        |                       |                  |
| City <b>Pro</b>  | State <b>RI</b> | Zip <b>02908</b>   | City                   | State                 | Zip              |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.  |                 |  |                        |                       |                  |
| <b>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.</b>        |                 |  |                        |                       |                  |
| <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<br><b>Lawrence E. DeCristofaro Jr.</b>   |                 |  |                        | Date<br><b>2/7/22</b> |                  |
| Signature of Officer/Authorized Representative<br>   |                 |  |                        |                       |                  |

MAIL TO:  
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