

 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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 BUSINESS SERVICES DIVISION
 2023 MAR 21 P 1:09

1. Entity ID Number 001686208		2. Exact name of the Corporation 384-386 Benefit St. Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Domestic Non-profit Corporation / HOA			
4. NAICS Code 813910					
6. Principal Office Address 384 Benefit St.			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elisabeth K. Hubbard		Vice-President Name Mohammed Jalal Uddin Chowdhury			
Street Address 386 Benefit St.		Street Address 384 Benefit St.			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Andrew Alvis		Treasurer Name Mary Michael Sutherland			
Street Address 384 Benefit St.		Street Address 384 Benefit St.			
City Providence	State RI	Zip 02903	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 Elisabeth K. Hubbard		Director Name Daniel O. Crow			
Street Address 386 Benefit St.		Street Address 386 Benefit St.			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Nabila Mazumder		Director Name			
Street Address 384 Benefit St.		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 Mohammed Jalal Uddin Chowdhury				Date 03/21/2023	
Signature of Officer/Authorized Representative 				FILED	

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

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