



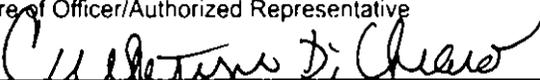
State of Rhode Island
Department of State - Business Services Division

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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 BUS SVCS DIV

2023 MAR 30 A 11:56

1. Entity ID Number 001707936		2. Exact name of the Corporation Centerville Glen Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CENTERVILLE GLEN CONDOMINIUM ASSOCIATION IS RUN BY A BOARD OF DIRECTORS THAT IS ELECTED BY HOMEOWNERS TO OVERSEE THE COMMON ASSETS OF A PROPERTY/AREA, MANAGE ITS FINANCES,			
4. NAICS Code 813990					
6. Principal Office Address 724 Centerville Rd ATTN: Office		City Warwick	State RI	Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kate and Bruce McGunigle			Vice-President Name Anne Marie Iannazzi		
Street Address 724 Centerville Rd. #7			Street Address 724 Centerville Rd. #3		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name AnnMarie Iannazzi			Treasurer Name Catherine DiChiaro		
Street Address 724 Centerville RD #3			Street Address 724 Centerville Rd #5		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 Catherine DiChiaro			Director Name Kate and Bruce McGunigle		
Street Address 724 Centerville Rd #5			Street Address 724 Centerville Rd # 7		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name AnnMarie Iannazzi			Director Name		
Street Address 724 Centerville RD #3			Street Address		
City Warwick	State RI	Zip 02886	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.					
<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 Catherine DiChiaro				Date 3/30/2023	
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

MAR 30 2023
 BY ML 1014