



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

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1. Entity ID Number 72483		2. Exact name of the Corporation RHODE ISLAND CONDOMINIUM ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO ENHANCE THE WELL BEING OF THE RI CONDO COMMUNITY IN ANY WAY			
4. NAICS Code 813910					
6. Principal Office Address 33 COLLEGE HILL RD SUITE 5B			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 RAYMOND HARRISON			Vice-President Name STEVEN FAZZINI		
Street Address 33 COLLEGE HILL RD, SUITE 5B			Street Address 2000 CHAPEL VIEW BLVD., SUITE 370		
City WARWICK	State RI	Zip 02886	City CRANSTON	State RI	Zip 02920
Secretary Name DAVID CARPENTIER			Treasurer Name RAYMOND HARRISON		
Street Address 495 ATWOOD AVE			Street Address 33 COLLEGE HILL RD, SUITE 5B		
City CRANSTON	State RI	Zip 02920	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 RAYMOND HARRISON			Director Name STEVEN FAZZINI		
Street Address 33 COLLEGE HILL RD, SUITE 5B			Street Address 2000 CHAPEL VIEW BLVD., SUITE 370		
City WARWICK	State RI	Zip 02886	City CRANSTON	State RI	Zip 02920
Director Name DAVID CARPENTIER			Director Name RAYMOND HARRISON		
Street Address 495 ATWOOD AVE			Street Address 33 COLLEGE HILL RD, SUITE 5B		
City CRANSTON	State RI	Zip 02920	City WARWICK	State RI	Zip 02886
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative RAYMOND HARRISON				Date 3/28/23	
Signature of Officer/Authorized Representative 				FILED APR 25 2023	

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

BY _____