



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 506301		2. Exact name of the Corporation STONEHENGE CONDOMINIUM ASSOCIATION, INC.	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island THE MANAGEMENT OF ALL AFFAIRS OF THE STONEHENGE CONDO ASSOC.	
4. NAICS Code 81310			
6. Principal Office Address 33 COLLEGE HILL ROAD 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 MICHAEL DOMENICONE		Vice-President Name PATRICIA SOUTHWORTH	
Street Address 28 NICHOLS STREET		Street Address 5 STONEHENGE DRIVE, #224	
City CRANSTON	State RI	City GREENVILLE	State RI
Zip 02920		Zip 02828	
Secretary Name ROBERT SIMONE		Treasurer Name PAUL VIEIRA	
Street Address 11 STONEHENGE DRIVE, #323 NORTH		Street Address 11 STONEHENGE DRIVE	
City GREENVILLE	State RI	City GREENVILLE	State RI
Zip 02828		Zip 02828	
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 MICHAEL DOMENICONE		Director Name PATRICIA SOUTHWORTH	
Street Address 28 NICHOLS STREET		Street Address 5 STONEHENGE DRIVE, #224	
City CRANSTON	State RI	City GREENVILLE	State RI
Zip 02920		Zip 02828	
Director Name ROBERT SIMONE		Director Name PAUL VIEIRA	
Street Address 11 STONEHENGE DRIVE, #323 NORTH		Street Address 11 STONEHENGE DRIVE	
City GREENVILLE	State RI	City GREENVILLE	State RI
Zip 02828		Zip 02828	
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 MICHAEL DOMENICONE		Date 4-4-2023	
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

APR 25 2023
BY 7400
FORM 631 - Revised: 2/2023