



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.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 APR 17 PM 1:19

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2023 APR -5 A 9:01

FILED

STAMP

MAY 01 2023

1. Entity ID Number 95702		2. Exact name of the Corporation City Line Industrial Park Condominium Association Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Management of an industrial condominium association and all other related business pursuant to R.I.G.L. 34-36 et seq.			
4. NAICS Code 484210					
6. Principal Office Address 11 Knight Street, Bldg E19		City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Earl M. Greco, Jr.		Vice-President Name Earl M. Greco, Sr.			
Street Address 11 Knight Street, Bldg E19		Street Address 11 Knight Street, Bldg E19			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Earl M. Greco, Sr.		Treasurer Name Earl M. Greco, Jr.			
Street Address 11 Knight Street, Bldg E19		Street Address 11 Knight Street, Bldg E19			
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 ☐					
Director Name Earl M. Greco, Jr.		Director Name Earl M. Greco, Sr.			
Street Address 11 Knight Street, Bldg E19		Street Address 11 Knight Street, Bldg E19			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Michael Greco		Director Name			
Street Address 11 Knight Street, Bldg E19		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.					
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 Earl M. Greco, Jr.					Date 2/10/2023
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021