RI SOS Filing Number: 202335422560 Date: 5/8/2023 3:05:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2
Non-Profit Corporation	

R.I. DEPT. OF STATE BUS SYDS DIV

2023 MAY -8 PM 3: 03

2023		

→ Filing Fee: \$20 00 -> Penalty: Additional \$25 00 fee if form is not filed by May 31

1. Entity ID Number	2. Exact name of the Corporation					
001725745	77 GARFIELD CONDOMINIUM ASSOCIATION					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RI	Condo association for 3 units located at 77 Garfield St. Maintains building and					
4. NAICS Code	common area and pays for related expenses, including water & electricity.					
813990 - Other Similar Organi	1				•	
6. Principal Office Address	<u> </u>		City	State	Zip	
77 Garfield St.		Newport "	RI	02840		
7. List ALL officers (names and add	dresses)	·		Check the box to indic	cate an attachment	
President Name Addie Rodman			Vice-President Name Trisha Castellon			
Street Address 77 Garfield Street #3			Street Address 77 Garfield Street #2			
City Newport	State RI	Zip ()2840	City Newport	State RI	^{Zip} 02840	
Secretary Name Stephen Randolph			Treasurer Name			
Street Address 77 Garfield Street #1		Street Address				
^{City} Newport	State RI	^{Zip} 02840	City	State	Zip	
8. List ALL directors (names and ad	ddresses). RI C	orporations MUST I	ist at least THREE directors.	Check the box to indic	cate an attachment	
Director Name Addie Rodman			Director Name Trisha Castellon			
Street Address 77 Garfield Street #3			Street Address 77 Garfield Street#2			
City Newport	State RI	^{Zip} 02840	City Newport	State RI	^{Zip} 02840	
Director Name Stephen Randolph			Director Name			
Street Address 77 Garfield Street #1			Street Address			
City Newport	State RI	^{Zip} 02840	City	State	Zip	
9. The Registered Agent information	n of record with	the RI Department	of State is accurate. Change	es require filing Form 641	1.	
Under penalty of perjury, I declar statements, and that all statements				y accompanying sched	ules and	
This report must be signed by either the Pres	sident, Vice-Preside	nt, Secretary, Assistant S	ecretary, Treasurer, duly Authorized i	Representative, Receiver or Tru	istee.	
Name of Officer/Authorized Repres	resentative		FILED	Date DATE		
Addie Rodman		<u>-</u>	04/27/2023		<u></u>	
Signature of Officer/Authorized Rep	resentative	ΔM	Y 0 8 2023	4/27/2) ~2 2	
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MAIL TO: Division of Business Services		BY_	3:05			

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631 - Revised: 2/2023