



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2022**
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.

R.I. DEPT. OF STATE
BUS SVCS DIV

2023 MAY -8 PM 3:03

1. Entity ID Number 001725745		2. Exact name of the Corporation 77 GARFIELD CONDOMINIUM ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condo association for 3 units located at 77 Garfield St. Maintains building and common area and pays for related expenses, including water & electricity.			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address 77 Garfield St.			City Newport	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 02840	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 addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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 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 Addie Rodman				Date 04/27/2023	
Signature of Officer/Authorized Representative <i>Addie Rodman</i>					

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