Date: 5/22/2023 4:00:00 PM RI SOS Filing Number: 202336001980

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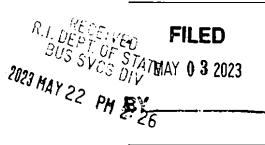
State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation** 

→ Filing period February May 1 → Filing Fee \$20 00 → Penalty Additional \$25 00 fee if

55 00 fee if form is not filed by May 31



	om is not med by may 51				
1 Entity ID Number	2 Exact name of the Corporation	······································			
000679127	Prospect Place Condominism Association				
3 State of Incorporation	5 Brief description of the character of business conducted in Rhode Island				
Rhade Island	Administrative operation, Manaj-Ment				
4. NAICS Code	Maintenance, Mederivation Control				
8/3990 CONDO ASSOCIATION					
6 Principal Office Address		City	State Zip		
40 Prospect	Ave	Narragansell	RI 02882		
7 List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name Raren	larney	Vice-President Name GOF			
40 Prospect A	Lue UniT B-3	Street Address 40 Prospect	que UniT B-2		
Narragensett	State RI 02882	NarragungeT	State RI B2882		
Secretary Name , ノ ,	10rin	Treasurer Name ArThur	Andoiro		
Street Address 40 Prospect A	· · · · · · · · · · · · · · · · · · ·	Street Address	sol Rel		
Narranangett	State RI ZIP (32882)	City CRANTON	State 7 202920		
8 List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors.					
Check the box to ipdicate an attachment  Director Name / Direc					
KALEN	VARNEY	Director Name SLEN G	DRIEL		
Street Address / PRO CA	sect for B-3	Street Address	6 Ave B-Z		
MARKAJONSAL	State 7 210 2882	CIN/ ALRAZANIAH	91818 I 210 2582		
Director Napol Haur	4Ndufo.	Director Name			
Street Address Auto	el Rel.	Street Address	R. 2023		
CITY CRAWS TON	T 2920	City	State Zip CO		
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 contained the 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 Truster					
Name of Officer/Authorized Representative					
Signature of Officer/Authorized Representative FILED					
1/A	nesentative.	( ILLU			
LKarm Var	may-	MAY 2 2 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

H.A. 2'. 24PM.

FORM 631 - Revised: 2/2023