State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 DEC -5 P 1:31

Annual Report for the year: 2023 Amended
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

1. Entity ID Number: 47034	2. Exact name of the Corporation: CONCORD COURT CONDOMINIUM ASOC. INC
3. State of Incorporation: R.I.	5. Brief description of the character of business conducted in Rhode Island: 12 UNITS - EACH OWNER PAYS $150.00 PER MONTH PAYMENTS ARE FOR WATER + SEWER INSURANCE, SNOW REMOVAL, PEST CONTROL, LANDSCAPING
4. NAICS Code: 813990	

6. Principal Office Address	City	State	Zip
31B CONCORD ST.	PROV.	R.I.	02904

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: EARL WASHINGTON		Vice-President Name: NAOMI NEAL	
Street Address: 31B CONCORD ST.		Street Address: 27A CONCORD ST.	
City: PROV.	State: R.I. Zip: 02904	City: PROV.	State: R.I. Zip: 02904
Secretary Name:		Treasurer Name: JUAN FRED	
Street Address:		Street Address: 9B CONCORD ST.	
City:	State: Zip:	City: PROV.	State: R.I. Zip: 02904

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: JACKIE NEAL		Director Name: GUY NOYES	
Street Address: 27C CONCORD ST.		Street Address: 9A CONCORD ST.	
City: PROV.	State: R.I. Zip: 02904	City: PROV.	State: R.I. Zip: 02904
Director Name: MARK PARESE		Director Name:	
Street Address: 23A CONCORD ST.		Street Address:	
City: PROV.	State: R.I. Zip: 02904	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		Date
EARL WASHINGTON	EW	12/05/23
Signature of Officer/Authorized Representative: Earl Washington	EW	

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

FILED
DEC 05 2023
BY ML

FORM 631- Revised 04/2023

State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

December 05, 2023 01:31 PM

Gregg M. Amore
Secretary of State