



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 09 2024

FILED BY J. Boyle
9 2024

Annual Report for the year: 2024

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 7830		2. Exact name of the Corporation THIRTY-TEN POST ROAD CONDOMINIUM ASSOCIATION INC			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Administering the condominium property of the association			
4. NAICS Code 813920					
6. Principal Office Address 3010 Post Road			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert V. Colagiovanni			Vice-President Name Daniel R. Angelone		
Street Address 3010 Post Road			Street Address 3010 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Marc R. Colagiovanni			Treasurer Name Christina M. Angelone-Gatteri		
Street Address 3010 Post Road			Street Address 3010 Post Road		
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 <input type="checkbox"/>					
Director Name Robert V. Colagiovanni			Director Name Daniel R. Angelone		
Street Address 3010 Post Road			Street Address 3010 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Marc R. Colagiovanni			Director Name Christina M. Angelone-Gatteri		
Street Address 3010 Post Road			Street Address 3010 Post Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
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 Robert V. Colagiovanni, President					Date 2-5-24
Signature of Officer/Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov