



**State of Rhode Island
Department of State - Business Services Division**

REC'D RI005 BSD
24 FEB 9 PM 2:31:31

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 000151622 | | 2. Exact name of the Corporation CORLISS VILLAGE CONDOMINIUM ASSOCIATION | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island TO FURTHER THE INTERESTS OF THE UNIT OWNERS | | | |
| 4. NAICS Code 813990 | | | | | |
| 6. Principal Office Address 1272 WEST MAIN RD, BLDG 3 STE 229 | | | City MIDDLETOWN | State RI | Zip 02904 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name RAYMONDE CHARLES | | | Vice-President Name | | |
| Street Address 64 ROCKRIDGE RD | | | Street Address | | |
| City LINCOLN | State RI | Zip 02865 | City | State | Zip |
| Secretary Name STEVE TIMBROOK | | | Treasurer Name ANTHONY NINO | | |
| Street Address 20 HURDIS ST, UNIT 9 | | | Street Address 20 HURDIS ST, UNIT 14 | | |
| City NO PROVIDENCE | State RI | Zip 02904 | City NO PROVIDENCE | State RI | Zip 02904 |
| 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 RAYMONDE CHARLES | | | Director Name ANTHONY NINO | | |
| Street Address 64 ROCKRIDGE RD | | | Street Address 20 HURDIS ST, UNIT 14 | | |
| City LINCOLN | State RI | Zip 02865 | City NO PROVIDENCE | State RI | Zip 02904 |
| Director Name STEVE TIMBROOK | | | Director Name OLIVIA MA | | |
| Street Address 20 HURDIS ST, UNIT 9 | | | Street Address 461 MAPLE AVE | | |
| City NO PROVIDENCE | State RI | Zip 02904 | City BARRINGTON | State RI | Zip 02806 |
| 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 EDWARD AUGUST, MANAGING AGENT | | | | Date 2/8/24 | |
| Signature of Officer/Authorized Representative | | | | FILED | |
| FEB 09 2024 2:34pm BY <u>LKS VGHIM</u> | | | | | |

MAIL TO:
 Division of Business Services
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