



State of Rhode Island  
Department of State - Business Services Division

FILED

MAR 13 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.

BY

1. Entity ID Number <b>001764501</b>		2. Exact name of the Corporation <b>John Street Condominium Association</b>	
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>Provide Management and Oversight to two Condo Units. Purchase "Walls-Out" Insurance for " " " and Property outside. Make necessary purchases for maintenance, landscaping and other agreed upon items.</b>	
4. NAICS Code <b>813990</b>			
6. Principal Office Address <b>23 John Street</b>		City <b>Cumberland</b>	State <b>RI</b>
		Zip <b>02864</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b><del>Richard Gagen</del> Richard Gagen</b>		Vice-President Name <b>Stephanie Moura</b>	
Street Address <b>23 John Street</b>		Street Address <b>25 John Street</b>	
City <b>Cumberland</b>	State <b>RI</b>	City <b>Cumberland</b>	State <b>RI</b>
Zip <b>02864</b>		Zip <b>02864</b>	
Secretary Name <b>Irene Gagen</b>		Treasurer Name <b>Irene Gagen</b>	
Street Address <b>23 John Street</b>		Street Address <b>23 John St.</b>	
City <b>Cumberland</b>	State <b>RI</b>	City <b>Cumberland</b>	State <b>RI</b>
Zip <b>02864</b>		Zip <b>02864</b>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Irene Gagen</b>		Director Name <b>Stephanie Moura</b>	
Street Address <b>23 John St.</b>		Street Address <b>25 John St.</b>	
City <b>Cumberland</b>	State <b>RI</b>	City <b>Cumberland</b>	State <b>RI</b>
Zip <b>02864</b>		Zip <b>02864</b>	
Director Name <b>Richard Gagen</b>		Director Name <b>N/A</b>	
Street Address <b>23 John St.</b>		Street Address <b>N/A</b>	
City <b>Cumberland</b>	State <b>RI</b>	City <b></b>	State <b></b>
Zip <b>02864</b>		Zip <b></b>	
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 <b>Irene Gagen</b>			Date <b>03/11/2024</b>
Signature of Officer/Authorized Representative <b>Irene Gagen</b>			

MAIL TO:  
Division of Business Services  
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Website: www.sos.ri.gov