



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

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 SECRETARY OF STATE  
 APR 30 2024 9:50:41

**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 <b>000149921</b>	2. Exact name of the Corporation <b>City Place Condominium Owners Association</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>TO RUN AND MAINTAIN CITY PLACE CONDOMINIUMS LOCATED AT 775 POTTERS AVENUE, PROVIDENCE, RI</b>
4. NAICS Code <b>813910</b>	TITLE: 7-6

6. Principal Office Address <b>498 Main Street</b>	City <b>Warren</b>	State <b>RI</b>	Zip <b>02885</b>
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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>Renee Escordi</b>			Vice-President Name <b>John Lyons</b>		
Street Address <b>775 Potters Ave Unit 8</b>			Street Address <b>775 Potters Ave Unit1</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Secretary Name <b>Makayla Angell</b>			Treasurer Name		
Street Address <b>775 Potters Ave Unit 12</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City	State <b>RI</b>	Zip

8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Renee Escordi</b>			Director Name <b>John Lyons</b>		
Street Address <b>775 POTTERS AVE</b>			Street Address <b>775 Potter Ave</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>
Director Name <b>Makayla Angell</b>			Director Name		
Street Address <b>775 POTTERS AVE</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	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 <b>Nicholas Balzano</b>	FILED <b>350</b>	Date <b>4.30.24</b>
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Signature of Officer/Authorized Representative 	APR 30 2024 BY <b>EEQ mif</b>
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**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov