



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

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 FOR SECRETARY OF STATE
 24 APR 2024 3:50:15
 STATE OF RHODE ISLAND
 BUSINESS SERVICES DIVISION

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 000020854	2. Exact name of the Corporation QUAKER VALLEY CONDOMINIUM, INC.
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island CONDOMINIUM COMPLEX
4. NAICS Code 813990	TITLE: 7-6

6. Principal Office Address 498 Main Street	City Warren	State RI	Zip 02885
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Melissa Hagan			Vice-President Name Mark Salisbury		
Street Address 650 East Greenwich Ave 6-305			Street Address 650 East Greenwich Ave 7-101		
City Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02893
Secretary Name Roxanne Arakelian			Treasurer Name Mike Vuolo		
Street Address 650 East Greenwich Ave 5-204			Street Address 650 East Greenwich Ave 5-409		
City Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02893

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 Thomas Gagnon 6-302			Director Name Mark Salisbury		
Street Address 650 East Greenwich Ave			Street Address 650 E. Greenwich Ave		
City Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02893
Director Name Roxanne Arakelian			Director Name Mike Vuolo		
Street Address 650 E. Greenwich Ave			Street Address 650 E. Greenwich Ave		
City Warwick	State RI	Zip 02893	City Warwick	State RI	Zip 02893

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 Nicholas Balzano	Date 4.30.24
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Signature of Officer/Authorized Representative FILED

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

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