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

Annual Report for the year: 20 15
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 000068582		2. Exact name of the Corporation Slocum Street Condominium Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Home owners association			
4. NAICS Code 813990					
6. Principal Office Address 8 Slocum Street, #11			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JAMES BURKE CONNELL			Vice-President Name Kelly Tiarks		
Street Address 10 SLOCUM STREET # 1			Street Address 8 SLOCUM STREET # 18		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name AMY GERHARD			Treasurer Name		
Street Address 8 SLOCUM ST # 20			Street Address		
City Providence	State RI	Zip 02909	City	State	Zip
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 JAMES BURKE CONNELL			Director Name Kelly Tiarks		
Street Address 10 SLOCUM STREET # 1			Street Address 8 SLOCUM STREET # 18		
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Director Name AMY GERHARD			Director Name		
Street Address 8 SLOCUM ST # 20			Street Address		
City Providence	State RI	Zip 02909	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Alex Gorriaran				Date 5/13/24	
Signature of Officer/Authorized Representative <i>Alexis Gorriaran</i>				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

MAY 14 2024
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FORM 631- Revised 12/2023