



State of Rhode Island

Department of State - 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.

Amended

RECEIVED
SECRETARY OF STATE
CORPORATE DIVISION

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Amended - annual
SECRETARY OF STATE

1. Entity ID Number 20854		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 TITLE: 7-6			
4. NAICS Code 813990					
6. Principal Office Address 498 MAIN STREET		City WARREN		State RI	Zip 02885
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MELISSA FORTINI			Vice-President Name MARK SALISBURY		
Street Address 650 EAST GREENWICH AVE 6-305			Street Address 650 EAST GREENWICH AVE 7-101		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Secretary Name ROXANNE ARAKELIAN			Treasurer Name MICHAEL VUOLO		
Street Address 650 EAST GREENWICH AVE 5-204			Street Address 650 EAST GREENWICH AVE 5-409		
City WEST WARWICK	State RI	Zip 02893	City WEST 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 NATALIE THIBODEAU			Director Name MARK SALISBURY		
Street Address 650 EAST GREENWICH AVE 5-305			Street Address 650 EAST GREENWICH AVE 7-101		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Director Name ROXANNE ARAKELIAN			Director Name MICHAEL VUOLO		
Street Address 650 EAST GREENWICH AVE 5-204			Street Address 650 EAST GREENWICH AVE 5-409		
City WEST WARWICK	State RI	Zip 02893	City WEST 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 5/29/24
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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BY AA 2:18pm.

FORM 631- Revised: 12/2023