



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 DEC 9 AM 10:29:51

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 149884		2. Exact name of the Corporation Reservoir Avenue Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condo association - Six units			
4. NAICS Code 813990					
6. Principal Office Address 201 Reservoir Ave			City Lincoln	State RI	Zip 02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Anthony Feula			Vice-President Name Rebecca Olivo		
Street Address 201 Reservoir Ave #3			Street Address 201 Reservoir Ave #3		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Sophie Clermont			Treasurer Name		
Street Address 201 Reservoir Ave #5			Street Address		
City Lincoln	State RI	Zip 02865	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 Anthony Feula			Director Name Rebecca Olivo		
Street Address 201 Reservoir Ave #3			Street Address 201 Reservoir Ave #3		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
Director Name Sophie Clermont			Director Name		
Street Address 201 Reservoir Ave #5			Street Address		
City Lincoln	State RI	Zip 02865	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 Rebecca Olivo					Date 12/8/2024
Signature of Officer/Authorized Representative Rebecca Olivo					

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

DEC 09 2024
BY **XK3VF** **AA**
10:31 AM
FORM 631 - Revised 12/2023