



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

REC'D R:SDS BSD  
24 DEC 9 AM 10:29:40

**Annual Report for the year:** 2023  
**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>149884</b>	2. Exact name of the Corporation <b>Reservoir Avenue Condominium Association, Inc.</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>Condo association - Six units</b>
4. NAICS Code <b>813990</b>	

6. Principal Office Address <b>201 Reservoir Ave</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
---	------------------------	--------------------	---------------------

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>Anthony Feula</b>			Vice-President Name <b>Rebecca Olivo</b>		
Street Address <b>201 Reservoir Ave #3</b>			Street Address <b>201 Reservoir Ave #3</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
Secretary Name <b>Sophie Clermont</b>			Treasurer Name		
Street Address <b>201 Reservoir Ave #5</b>			Street Address		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	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>Anthony Feula</b>			Director Name <b>Rebecca Olivo</b>		
Street Address <b>201 Reservoir Ave #3</b>			Street Address <b>201 Reservoir Ave #3</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
Director Name <b>Sophie Clermont</b>			Director Name		
Street Address <b>201 Reservoir Ave #5</b>			Street Address		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</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>Rebecca Olivo</b>	Date <b>12/8/2024</b>
Signature of Officer/Authorized Representative <b>Rebecca Olivo</b>	

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

**FILED**  
DEC 09 2024  
BY X L3VF  
AA. 10. 30 AM.