



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025

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.

FIELD STAMP

JAN 29 2025

BY Dole

STATE  
CLERK

1. Entity ID Number 001701921		2. Exact name of the Corporation Sophia Place Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condominium Association			
4. NAICS Code 813910					
6. Principal Office Address 140 Reservoir Avenue		City Providence		State RI	Zip 02907
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Stephen D. Smith			Vice-President Name Berenisse Valencia		
Street Address 140 Reservoir Avenue			Street Address 31 Sophia Street, Unit #1		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02909
Secretary Name Douglas H. Smith			Treasurer Name Douglas H. Smith		
Street Address 140 Reservoir Avenue			Street Address 140 Reservoir Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Douglas H. Smith			Director Name Stephen D. Smith		
Street Address 140 Reservoir Avenue			Street Address 140 Reservoir Avenue		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Berenisse Valencia			Director Name		
Street Address 31 Sophia Street, Unit #1			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.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Douglas H. Smith</b>				Date 1/21/25	
Signature of Officer/Authorized Representative					

MAIL TO:  
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