-
PERM
1364

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

FILED

FEB 06 2025

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				
1. Entity ID Number 71770	2. Exact name of the Corporation College Park Condominium Association, Inc.					
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Maintenance, Preservation & Improvement of the The Real Estate CPCA					
4. NAICS Code 813920						
6. Principal Office Address 33 College Hill Road			City Warwick	State RI	Zip 02886	
7. List ALL officers (names and add	fresses)		(Check the box to indicate ar	attachment 🔲	
President Name Antonio Viscione Jr.			Vice-President Name Brian Friedman			
Street Address 33 College Hill Road			Street Address 33 College Hill Road			
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip U∠886	
Secretary Name Brian Friedman			Treasurer Name Antonio Viscione Jr.			
Street Address 33 College Hill Road			Street Address 33 College Hill Road			
City Warwick	State RI	Zip	City Warwick	State RI	<u> </u>	
8. List ALL directors (names and ac	ddresses). RI Corp	orations MUST I		Check the box to indicate a	n attachment	
Director Name Richard Saccoccia			Director Name Antonio Viscione Jr			
Street Address 33 College Hill Road			Street Address 33 College Hill Road			
^{City} Warwick	State RI	Zip 02886	City Warwick	State RI	Zip UZ886	
Director Name Brian Friedman			Director Name			
Street Address 33 College Hill Road		Street Address				
^{City} Warwick	State RI	^{Zip} 02886	City	State	Zip	
9. The Registered Agent informatio	n of record with th	e Ri Department	of State is accurate. Change	s require filing Form 641		
Under penalty of perjury, I declar statements, and that all statemen				accompanying schedu	ules and	
This report must be signed by either the Pres	sident, Vice-President,	Secretary, Assistant S	ecretary, Treasurer, duly Authorized R	epresentative, Receiver or Trus	st oe .	
Name of Officer/Authorized Repres	sentative			Oate		
Brian Friedman. Secretary				02/01/20	25	
Signature of Officer/Authorized Rep			· · · · · · · · ·			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov