



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.

REC'D RI 005 350
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1. Entity ID Number <u>47034</u>		2. Exact name of the Corporation <u>CONCORD COURT CONDOMINIUM ASSOC. LLC</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>12 UNITS - EACH OWNER PAYS \$225.00 PER MONTH AS OF FEB 1, 2025. PAYMENTS ARE FOR WATER + SEWER, INSURANCE, SNOW REMOVAL, PEST CONTROL AND LANDSCAPING.</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>318 CONCORD ST. + PO BOX 46622</u>		City <u>PROV.</u>	State <u>R.I.</u>
		Zip <u>02904</u>	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>EARL WASHINGTON</u>		Vice-President Name <u>NAOMI NEAL</u>	
Street Address <u>318 CONCORD ST.</u>		Street Address <u>27A CONCORD ST.</u>	
City <u>PROV.</u>	State <u>RI.</u>	Zip <u>02904</u>	
Secretary Name <u>NANCY MONTGOMERY</u>		Treasurer Name <u>JUAN FRED</u>	
Street Address <u>310 CONCORD ST.</u>		Street Address <u>19B CONCORD ST.</u>	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>	
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 <u>JACKIE NEAL</u>		Director Name <u>GUY NOYES</u>	
Street Address <u>27C CONCORD ST.</u>		Street Address <u>19A CONCORD ST.</u>	
City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>	
Director Name <u>MARK PARESE</u>		Director Name	
Street Address <u>27C CONCORD ST.</u>		Street Address	
City <u>PROV</u>	State <u>R.I.</u>	Zip <u>02904</u>	
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 <u>EARL WASHINGTON</u>			Date <u>3-13-25</u>
Signature of Officer/Authorized Representative <u>Earl Washington</u>			

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

MAR 13 2025

BY WEVKY
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FORM 631- Revised: 04/2023