



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
25 APR 17 PM 1:25:44

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 000273604		2. Exact name of the Corporation GrottoPlace Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Management of two residential condominiumsRI			
4. NAICS Code 429647					
6. Principal Office Address 74-76 Grotto Ave.			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Janis Solomon			Vice-President Name Janice Phelps		
Street Address 76 Grotto Ave.			Street Address 74 Grotto Ave.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Janice Phelps			Treasurer Name Janis Solomon		
Street Address 74 Grotto Ave.			Street Address 76 Grotto Ave.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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 Janis Solomon			Director Name Janice Phelps		
Street Address 76 Grotto Ave.			Street Address 74 Grotto Ave.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Susan Solomon			Director Name		
Street Address 11 Firglade Ave.			Street Address		
City Providence	State RI	Zip 02906	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 Janis Solomon				Date 4/17/2025	
Signature of Officer/Authorized Representative <i>Janis Solomon</i>				APR 17 2025 <i>SARCE</i>	

MAIL TO:
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