RI SOS Filing Number: 202212366530 Date: 2/28/2022 4:00:00 PM

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North Park	٠

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2022

FILED

FEB 2.8 2022

-> Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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1. Entity ID Number	2. Exact name of the Corporation						
000029903	The Plantations Condominium Association, Inc.						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RI	Residential Condominium						
4. NAICS Code	1						
813910 - Business Association							
6. Principal Office Address			City	State	Zip		
c/o CRS Management, LLC., 786 Oaklawn Ave.			Cranston	RI	02920		
7. List ALL officers (names and addresses) Check the box to					e an attachment		
President Name Andrew Brown			Vice-President Name Virginia Burke				
Street Address 274 South Main Street, Unit 28			Street Address 392 South Main Street, Unit #65				
^{City} Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903		
Secretary Name Carlene DelNero (assistant)			Treasurer Name Grant Porter				
Street Address 786 Oaklwan Avenue			Street Address 388 South Main Street, Unit #53				
^{City} Cranston	State RI	^{Zip} 02920	City Providence	State RI	^{Zip} 02903		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Andrew Brown			Director Name Virginia Burke				
Street Address 274 South Main Street, Unit #28			Street Address 392 South Main Street, Unit #65				
City Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903		
Director Name Grant Porter			Director Name				
Street Address 388 South Main Street, Unit #53		Street Address					
^{City} Providence	State RI	^{Zip} 02903	City	State	Zip		
9. The Registered Agent information	n of record with th	e RI Department	of State is accurate. Changes requ	ire filing Form 641.	•		
Under penalty of perjury, I decla statements, and that all stateme			d this report, including any accor I correct.	npanying schedul	es and		
This report must be signed by either the Pre-	sident, Vice-President,	Secretary, Assistant Se	acretary, Treasurer, duly Authorized Represen	lative, Receiver or Truste			
Name of Officer/Authorized Representative Date							
Carlene DelNero			•	2/14/22			
Signature of Officer/Authorized Per	resentative		· ·	- <u>-</u>			
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MAIL TO:

Division of Business Services

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

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