



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

Annual Report for the year: **2024**

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 25 2024
BY **10458**

1. Entity ID Number 001743844		2. Exact name of the Corporation CONDO ASSOCIATION AT UNITY PARK, INC.			
3. Principal Office Address 99 TUPELO STREET		City BRISTOL		State RI	Zip 02809
4. NAICS Code 212321		6. Brief description of the character of business conducted in Rhode Island MANAGEMENT OF CONDO ASSOCIATION AT UNITY PARK - 500 WOOD STREET - BRISTOL, RI			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOSEPH M BRITO JR			Vice-President Name ISAAC SHALOM		
Street Address 99 TUPELO STREET			Street Address 500 WOOD ST - UNIT 20		
City BRISTOL	State RI	Zip 02809	City BRISTOL	State RI	Zip 02809
Secretary Name LISA M SIENKIEWICZ			Treasurer Name EDWARD J COX II		
Street Address 1 PECK RD			Street Address 32 LORRAINE ST		
City BRISTOL	State RI	Zip 02809	City BARRINGTON	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOSEPH M BRITO JR			Director Name		
Street Address 161 POPPASQUASH RD			Street Address		
City BRISTOL	State RI	Zip 02809	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			2,000	CNP	0
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative EDWARD J COX II				Date 01/22/2024	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov