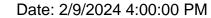
<b>RI SOS</b>	Filing Number:	202446532200
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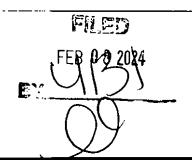
## State of Rhode Island **Department of State - Business Services Division**

## Annual Report for the year: 2024 **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



Penalty. Additional \$25.00 fee if	<del></del>				1		
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						
Rhode Island	Residential Condominium						
4. NAICS Code							
813910							
013910							
6. Principal Office Address			City	State	Zip		
c/o CRS Management, LLC- 786 Oaklawn Ave.			Cranston	RI	02920		
7. List ALL officers (names and add				box to indicate an at	tachment 🔲		
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				
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903	<sup>City</sup> Providence	State RI	Zip 02903		
Secretary Name Carlene DelNero (assistant)			Treasurer Name Grant Porter				
Street Address 786 Oaklawn Avenue			Street Address 388 South Main Street, Unit 53				
City Cranston	State RI	<sup>Zip</sup> 02920	City Providence	State RI	Zip 02903		
8. List ALL directors (names and ac	ldresses). Rt Corp	orations MUST lis		hov to indicate an a	#achmont [		
Director Name Andrew Brown			Check the box to indicate an attachment  Director Name Virginia Burke				
Street Address 274 South Main Street, Unit 28			Street Address 392 South Main Street, Unit 65				
City Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	Zio 02903		
Director Name Andrew Brown			Director Name				
Street Address 274 South Main Street, Unit 28			Street Address				
City Providence	State RI	<sup>Ζiρ</sup> 02903	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 declar	re and affirm that	I have examined	this report, including any accomp	<del>.</del>	s 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 Date							
Carlene DelNero				1			
10 3 67							
Signature of Officer/Authorized Representative  Authorized Representative							
Man to The							

**Division of Business Services** 

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

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