



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

FILED

FEB 09 2024

EX

4131

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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.

1. Entity ID Number 000029903		2. Exact name of the Corporation The Plantations Condominium Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Residential Condominium			
4. NAICS Code 813910					
6. Principal Office Address c/o CRS Management, LLC- 786 Oaklawn Ave.			City Cranston	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Oaklawn 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 <input type="checkbox"/>					
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 Andrew Brown			Director Name		
Street Address 274 South Main Street, Unit 28			Street Address		
City Providence	State RI	Zip 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 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 Carlene DelNero					Date 2-5-24
Signature of Officer/Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov