



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
A. Ralph Mollis, Secretary of State

Corporations Division  
118 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>159285</b>		2. Name of Corporation <b>ASHLEE COMMONS CONDOMINIUM ASSOCIATION</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>1767 BICENTENNIAL WAY</b>	
		City <b>N. PROV</b>	Zip <b>02904</b>
5. Foreign corporation. Enter principal office address		City	State
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>TO MANAGE THE AFFAIRS OF THE ASHLEE COMMONS CONDOMINIUMS LOCATED IN NORTH PROVIDENCE, RI</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>STEVEN T. PERRY</b>		Vice President Name <b>MICHELE PERRY</b>	
Street Address <b>1767 BICENTENNIAL WAY</b>		Street Address <b>1767 BICENTENNIAL WAY</b>	
City <b>N. PROV</b>	State <b>RI</b>	City <b>N. PROV</b>	State <b>RI</b>
Zip <b>02904</b>	Zip <b>02904</b>	Zip <b>02904</b>	Zip <b>02904</b>
Secretary Name <b>MICHELE PERRY</b> <del>STEVEN T. PERRY</del>		Treasurer Name <b>MICHELE PERRY</b>	
Street Address <b>1767 BICENTENNIAL WAY</b>		Street Address <b>1767 BICENTENNIAL WAY</b>	
City <b>N. PROV</b>	State <b>RI</b>	City <b>N. PROV</b>	State <b>RI</b>
Zip <b>02904</b>	Zip <b>02904</b>	Zip <b>02904</b>	Zip <b>02904</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name <b>STEVEN T. PERRY</b>		Director Name <b>MICHELE PERRY</b>	
Street Address <b>1767 BICENTENNIAL WAY</b>		Street Address <b>1767 BICENTENNIAL WAY</b>	
City <b>N. PROV</b>	State <b>RI</b>	City <b>N. PROV</b>	State <b>RI</b>
Zip <b>02904</b>	Zip <b>02904</b>	Zip <b>02904</b>	Zip <b>02904</b>
Director Name <b>DANIEL J SILVA</b>		Director Name	
Street Address <b>172 TAUNTON AVE #4</b>		Street Address	
City <b>E. PROV</b>	State <b>RI</b>	City	State
Zip <b>02914</b>	Zip	Zip	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name <b>DANIEL J. SILVA</b>		Address	
Address <b>172 TAUNTON AVENUE, #4</b>		City <b>EAST PROVIDENCE</b>	Zip <b>02914</b>

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2007 AUG 21 11:46 AM

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



159285

**FILED**

File Date **AUG 21 2007**

Check No. **31646**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

11:46

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.

**[Signature]** 8-3-07  
 Signature of Officer Date

**STEVEN T PERRY**  
 Print or Type Name of Officer

**DIRECTOR**  
 Title of Officer