

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

401.222.3

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 falling 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.

to a penatty fee of \$25.00.					•	
1. Corporate ID No.	2. Name of Corporation					
124426	AR TENANT ASSOCIATION					
3. State of Incorporation	4. Corporate address i	4. Corporate address in Rhode Island - Street Address City Zip				
RHODE ISLAND	133 OLD TOW	ER HILL ROAD, SU	IITE 1	WAKEFIELD	02879	
5. Foreign corporation. Enter principal office address			City:	State	Zip	
6. Brief Description of the characte	er of the affairs which are	actually conducted in Rhode	Island			
			HO OWN RESIDENTIAL D	WELLINGS ON JOHNSOI	N'S POND	
7. NAMES AND ADDRESS President Name Michael Rocc		RS: ("X" BOX FOR ATTA	CHMENT) [] FILL IN SPAC Vice President Nume Paul Marhe		CHMENTS	
Succernations. 108 Rockfall	all Road Street Address 44 Larchmount Road		ount Road			
City	State	Zip	Cu;	State	Ziji	
Middletown	СТ) 6457	Warwick	RI	02886	
Secretary Name Paul Botvin		•	Treasurer Name			
Street Address 141 Inez Avenue			Street Address			
City	State	Zip	City	State	Ζip	
Warwick	RI	02886				
			ACHMENT) TILL IN SPAC			
THE NUMBER OF DIRECT	TORS OF A DOMEST	IC (RHODE ISLAND)	CORPORATION SHALL N	OT BE LESS THAN THRE	E (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Michael Roccapriore			Paul Marhesseault			
				Street Address 44 Larchmount Road		
Middletown	State CT	^{Zip} 06457	City Warwick	State RI	^{Ζψ} 02886	
Director Name			Director Name			
Paul Botvin						
Street Address			Street Address			
141 Inez Ave	nue					
City	State	Zip	City	State	Zip	
Warwick 9. REGISTELED AGENT IN	RI RHODE ISLAND - 1	02886 OO NOT ALTER Cha	 nges require filing of For	 m 641 - R.I.G.L, 7-6-15	7-6-78	
Agent Name JOHN F. KENYON ARCHIBAYD B./KANYON/JR/./		Address				
Address			City	Zip		
133 OLD TOWER HILL ROAD, SUITE 1			WAKEFIELD	02879		
This report mus	t be signed by either	the President, Vice Pre	esident, Secretary, Assistant	Secretary, Treasurer, Recei	ver or Trustee	

	1 2 4 4 2 6
File Date	FILED
Check No	JUN 04 2008
Ву:	By Gact
FOR S	SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I report, including any accompanying schedules and sta	
statements contained herein are true and correct."	/ /
Middle Romanine	5/23/08
Signature of Officer	Date
MICHAEL ROCCAPRIORE	
Print or Type Name of Officer	
PRESIDENT	
Title of Officer	