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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

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.	2. Name of Corporation		
136690	Cumberland Medical Associates Condominium Center, Inc.		
3. State of Incorporation	4. Corporate address in Rhode Island – Street Address	City	Zip
Rhode Island	2138 Mendon Road	Cumberland	02864
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

The operation and management of a condominium center at 2138 Mendon Road, Cumberland, RI

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
George B. Gettinger, DMD	2138 Mendon Road, Suite 201	Cumberland	RI	02864

Vice President Name	Street Address	City	State	Zip

Secretary Name	Street Address	City	State	Zip
Lindsay F. Gettinger	2138 Mendon Road, Suite 201	Cumberland	RI	02864

Treasurer Name	Street Address	City	State	Zip
Lindsay F. Gettinger	2138 Mendon Road, Suite 201	Cumberland	RI	02864

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **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	Street Address	City	State	Zip
A. Louis Mariorenzi, M.D.	725 Reservoir Avenue, Suite 101	Cranston	RI	02910

Director Name	Street Address	City	State	Zip
Michael Mariorenzi, M.D.	725 Reservoir Avenue, Suite 101	Cranston	RI	02910

Director Name	Street Address	City	State	Zip
Louis J. Mariorenzi, M.D.	725 Reservoir Avenue, Suite 101	Cranston	RI	02910

Director Name	Street Address	City	State	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	Address	City	Zip
Louis J. Vallone	550 Ives Road	East Greenwich	02818

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

[redacted] [redacted]

1 3 6 9 0

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.

5-27-08

Signature of Officer *Date*

George B. Gettinger, DMD

Print or Type Name of Officer

[redacted] President

Title of Officer

File Date FILED

Check No. JUN 05 2008

By: By

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23115-9-253545

Form 631 Rev. 12/06