

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. 105027	2. Name of Corporation NEWBURY VILLAGE CONDOMINIUM ASSOCIATION						
3. State of Incorporation	1 *	Bode Island - Street Address		City	02886		
RHODE ISLAND	3670 WEST	SHORE ROAD		WARWI	CK		
5. Foreign corporation. Enter principal office address			City	State	Zip		
6. Brief Description of the character	of the affairs which are ac	tually conducted in Rhode Isl	and		•		
MANAGEMENT OF	CONDOMINIU	M UNITS					
7. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTACH	<i>ment)</i> [] fill in Spaci	ES BEFORE USIN	G ATTACHMENTS		
President Name			Vice President Name				
BRIAN KNIGHT			ANTHONY MASTANTUONO				
Street Address 59 ASHBURTON DRIVE			Street Address 249 CHESHIRE DRIVE				
CRANSTON	State RI	^{Zip} 02921	City CRANSTON	State R I	02921		
Secretary Name CYNTHIA ELY			Treasurer Name ELLEN GUIOT				
Street Address 117 BOYLSTON DRIVE			Street Address 293 CHESHIRE DRIVE				
CRANSTON	State RI	<i>Σφ</i> 02921	CHO' CRANSTON	State R I	02921		
8. NAMES AND ADDRESSE:		2010.0010.0010.001		Constitution of the contract o			
THE NUMBER OF DIRECTO	ORS OF A DOMESTI	C (RHODE ISLAND)		<u>OT BE LESS TH.</u>	<u>AN THREE</u> (3). R.I.G.L. 7-6-23		
Director Name MICHELLE IZZO			Director Name BRIAN KNIGHT				
Street Address 114 BOYLSTON DRIVE			Street Address 59 ASHBURTON DRIVE				
CRANSTON	State RI	^{Zip} 02921	CRANSTON	State R I	^{Zip} 02921		
Director Name CYNTHIA ELY			Director Name				
Street Address 117 BOYLSTON DRIVE			Street Address				
City CRANSTON	State RI	<i>Ζψ</i> 02921	City	State	Zip		
9. REGISTERED AGENT IN	RHODE ISLAND - D	O NOT ALTER - Chan	ges require filing of For	m 641 - R.I.G.L.	7-6-13 / 7-6-78		
Agent Name TERRY SOMERS			Address 3670 WEST SHORE ROAD				
Address			City		Zip		
P O BOX 6758			WARWICK	02887			

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

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Under penalty of perjury, I declare and a report, including any accompanying scheoustatements contained herein are true and of	lules and statements, and that all
All land	06/12/08
Signaure Affille BRIAN KNIGHT	Dale
Print or Type Name of Officer PRESIDENT	
Title of Officer	