STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, *Secretary of State*
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 ● Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.	*2. Name of Corporation*		
57796	Rose Garden Condominium Association		
3. State of Incorporation	*4. Corporate address in Rhode Island -Street Address*	*City*	*Zip*
Rhode Island	181 Knight St	Warwick	02886
*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
Condominium Management

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

President Name			*Vice President Name*		
Carol Grover			Megan Rezendes		
Street Address			*Street Address*		
404 Post Road #3			404 Post Road #4		
City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick	RI	02888	Warwick	RI	02888
Secretary Name			*Treasurer Name*		
Elaine Boyd			Kerri Potter		
Street Address			*Street Address*		
404 Post Road #2			404 Post Road #6		
City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick	RI	02888	Warwick	RI	02888

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			*Director Name*		
Carol Grover			Megan Rezendes		
Street Address			*Street Address*		
404 Post Road #3			404 Post Road #4		
City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick	RI	02888	Warwick	RI	02888
Director Name			*Director Name*		
Elaine Boyd			Kerri Potter		
Street Address			*Street Address*		
404 Post Road #2			404 Post Road #6		
City	*State*	*Zip*	*City*	*State*	*Zip*
Warwick	RI	02888	Warwick	RI	02888

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*		
RIPAC			
Address	*City*	*Zip*	
181 Knight St	Warwick	02886	

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

[redacted] 57796 [redacted]

FILED
File Date JUN 20 2008
Check No. By 391-23
By:
FOR SECRETARY OF STATE USE ONLY

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.

Carol Grover 6/11/08
Signature of Officer *Date*

Carol Grover
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 631 Rev. 6/02