



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. 44302		2. Name of Corporation Pilgrim Place Condominium Assoc Inc.	
3. State of Incorporation Rhode Island	4. Corporate address in Rhode Island - Street Address 181 Knight St		City Warwick State RI Zip 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Bernadette Leveille		Vice President Name Mark Leveille	
Street Address 192 Pilgrim Ave #1		Street Address 192 Pilgrim Ave #1	
City West Warwick Coventry	State RI	Zip 02816	City West Warwick Coventry
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	City

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 Bernadette Leveille		Director Name Mark Leveille	
Street Address 192 Pilgrim Ave #1		Street Address 192 Pilgrim Ave #1	
City Coventry	State RI	Zip 02816	City Coventry
Director Name John Osti		Director Name Thomas Kilbane	
Street Address 192 Pilgrim Ave #4		Street Address 192 Pilgrim Ave #5	
City Coventry	State RI	Zip 02816	City Coventry

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 John P. Morgan/RIPAC		Address
Address 181 Knight St		City Warwick Zip 02886

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



FILED
File Date: JUN 20 2008
Check No. By 39122
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.

Signature of Officer: Bernadette Leveille 6/11/08
 Bernadette Leveille
 Print or Type Name of Officer
 President
 Title of Officer