

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 - J FORM MUST BE TYPED OF						
I. Corporate ID No.	2. Name of Corporation					
450 <b>1</b> 5	Sharon Village					
3. State of Incorporation	and the second of the second of the second	ldress in Rhode Island -Stree	et Address	City	Zip	
Rhode Island	181 Knig			Warwick	02886	
5. Foreign corporation: Enter principal office address			City	State	Zip	
	2 2					
6. Brief Description of the cha	racter of the offairs	which are actually conducted	d in Rhode Island	Constant and Commence of the C		
Condominium Manage		The second secon				
COMMUNICATION MANAGE						
7 NAMES AND ADDRE	SSRS OF THE O	FFICERS (*X" BOX FO	<i>rattachment</i> ) 🗌 fill in	SPACES BEFORE USING AT	TACHMENTS	
President Name			Vice President Name			
Sharon Rowan			Linda McDonald			
Street Address	Street Address			Street Address		
25 Sharon St #6			25 Sharon St #4			
City	State	Zip	City	State	Zipr	
Cranston	RI	02910	Cranston	RI	02910	
Secretary Name			Treasurer Name			
Debbie Suggs						
Street Address			Street Address			
25 Sharon St #4						
City	State	Zip	City	State	Zip	
Cranston	RI	02910	- A STORY SELECTION IS SERVED STORY AND A TOO ASSESS (A STORY STORY AND A ST			
8. NAMES AND ADDRI	esses of the d	IRECTORS ("X" BOX I	FOR ATTACHMENT) 🗌 POLL I	N SPACES BEFORE USING	ATTACHMENTS	
	F BIRECTORS OF	4 DOMESTIC (KHODE IS	SLAND) CORPORATION <u>SHAL</u>	EMULDE CESS (MARTIN		
Director Name			Director Name			
Sharon Rowan			Linda McDonald			
Street Address			» Street Address			
25 Sharon St #6		AND THE PARTY OF T	25 Sharon St	and the second of the second o	Commence of the Commence of th	
City	State	Zip	City	State	Zip	
Cranston	RI	02910	Cranston	RI	02910	
Director Name			Director Name			
Debbie Suggs					, and the company of the contract of the contr	
Street Address			Street Address			
25 Sharon St #4	and the second s				Zip	
City	State	Zip	City	State	ΣΨ	
Cranston	RI	02910	ones pero o que restro esperante por esta en esta en el como de la			
\$500 G LEGISTES TO THE SECOND STATE SANDERS OF STATE OF THE SECOND	T IN RHODE ISI	AND AD NOT ALTER-	Changes require filing	of Form 841 -RIGL 7-6	<b>-13/7-6-78</b>	
Agent Name			Address			
John P. Morgan				AND THE RESERVE OF THE PARTY OF		
Address			City	Zip		
181 Knight St			Warwick	02886		
		that the Draw Jane 17	ica Drasidant Sacratury A	esistant Secretary Trees	urer Receiver or Truste	
This report must be sig	g <b>nea in in</b> k by ei	uner ine rresiaent, Vi	ice President, Secretary, A:	ынышт вестешту, тешь	mior, motorier or ir nam	
H PHENI						
			Linder nenalty of	periury I declare and affirm	that I have examined	

File Date FILED

Check No. JUN 2 0 2008

By: 3 9 1 3 1

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.

Shown Duran 6/10

Sharon Rowan

Print or Type Name of Officer

President

Title of Officer

Form 631 Rev. 6/02