



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. 45015	2. Name of Corporation Sharon Village		
3. State of Incorporation Rhode Island	4. Corporate address in Rhode Island - Street Address 181 Knight St	City Warwick	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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Sharon Rowan			Vice President Name Linda McDonald		
Street Address 25 Sharon St #6			Street Address 25 Sharon St #4		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Secretary Name Debbie Suggs			Treasurer Name		
Street Address 25 Sharon St #4			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip

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 Sharon Rowan			Director Name Linda McDonald		
Street Address 25 Sharon St #6			Street Address 25 Sharon St #4		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
Director Name Debbie Suggs			Director Name		
Street Address 25 Sharon St #4			Street Address		
City Cranston	State RI	Zip 02910	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 John P. Morgan	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



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File Date	FILED
Check No.	JUN 20 2008
By	BV 39131
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 Sharon Rowan Date 6/12/08
Sharon Rowan
Print or Type Name of Officer
President
Title of Officer