

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

401.222.3

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 benalty fee of \$25.00

| to a penatty fee of \$25.00 | | | | | | | | |
|--|---------------------------|---|------------------------------|--|---|--|--|--|
| 1. Corporate ID No. 155095 | | 2. Name of Corporation | | | | | | |
| | | Condominium Associa | | | | | | |
| 3. State of Incorporation | E | ldress in Rhode Island - Street | Gity: | Zip | | | | |
| Rhode Island | 26 Vernon | | | Providence | 02903 | | | |
| 5. Foreign corporation. Enter principal office address | | | City | State | Zip | | | |
| 6. Brief Description of the char | racter of the affairs whi | ch are actually conducted in I | Rbixle Island | | | | | |
| Operate a Condominiu | m Association | | | | | | | |
| 7. NAMES AND ADDRE | SSES OF THE OF | FICERS: ("X" BOX FOR A | (TTACHMENT) [] FILL IN SPA | CES BEFORE USING ATTA | CHMENTS | | | |
| President Name | | | Vice President Name | | | | | |
| Lili Liong | | | | | | | | |
| Street Address | | · · · · · · · · · · · · · · · · · · · | Street Address | | | | | |
| 83 Walmer | | | | | | | | |
| City | State | Zip | Сйу | State | Zip | | | |
| East Providence | RI | 02914 | | | 747 | | | |
| Secretary Name Ndidi St. Franc | | | Treasurer Name | | | | | |
| | | | Sylvia Bernal | | | | | |
| Street Address 24 Vernon St | | | Street Address 26 Vernon | | | | | |
| City | State | Ζίρ | City [,] | State | Zip | | | |
| Providence | RI | 02903 | Providence | RI | 02903 | | | |
| 8. NAMES AND ADDRE | SSES OF THE DIR | ECTORS: ("X" BOX FOR | ATTACHMENT) TILL IN SPA | CES BEFORE USING ATTA | CHMENTES | | | |
| THE NUMBER OF DIRI | ECTORS OF A DO | MESTIC (RHODE ISLA | ND) CORPORATION SHALL | NOT RE LESS THAN THE | EE (2) DICI 76 | | | |
| Director Name | | on traterios, periot en la propertion de proper | Director Name | | <u> </u> | | | |
| Lili Liong | | | Sylvia Bernal | | | | | |
| Street Address | | | Street Address | | | | | |
| 83 Walmer | | | 26 Vernon | | | | | |
| City | State | Zψ | City | State | 1.70 | | | |
| East Providence | RI | 02914 | Providence | į. | <i>z</i> ∌ 02903 | | | |
| Director Name | | | Providence RI 02903 | | | | | |
| Ndidi St Franc | | | Director tvame | | | | | |
| treet Address | | | Street Address | ************************************** | | | | |
| 24 Vernon St | | | West Madress | | | | | |
| йų | State | Zψ | City | State | 7/4 | | | |
| Providence | RI | 02903 | | SHOPE | Zip | | | |
| | | D - DO NOT ALTER - | Changes require filing of Fo | em 641 - RIGI 74 12 | / - | | | |
| gent Name | | | Address | | 7.07.0 | | | |
| Sylvia Bernal | | | 26 Vernon St. | | | | | |
| iddress | | | Сиу | Zip | | | | |
| | | | Providence | { · - | _Ф 02 903 | | | |
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| FOR SI | CRETAR | YOF | STA | FE U | SE O | NLY | |

| Under penalty of perjury, I declare and affi report, including any accompanying schedule statements contained herein are true and con | es and statements, and that all |
|---|---------------------------------|
| superial | 6/21/08 |
| Signature of Officer | Date |
| Sylvia Bernal | |
| Print or Type Name of Officer | |
| Treasurer | |
| Title of Officer | |

Form 631 Rev. 12/06