



**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. 57058		2. Name of Corporation Squires Place Condominium Association	
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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sanjeev Handa			Vice President Name Charlie Douglas		
Street Address 21 Miles Ave			Street Address 15 Miles Ave		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Mary Tonry			Treasurer Name Ammar Shaikhouni		
Street Address 19 Miles Ave			Street Address 27 Miles Ave		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906

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 Sanjeev Handa			Director Name Charlie Douglas		
Street Address 21 Miles Ave			Street Address 15 Miles Ave		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Mary Tonry			Director Name Ammar Shaikhouni		
Street Address 19 Miles Ave			Street Address 27 Miles Ave		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906

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 RIPAC		
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.	JUL 16 2008
By	570058
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	7/10/08
Sanjeev Handa	Date
Print or Type Name of Officer	
President	
Title of Officer	