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.: 113298	2. Name of Corporation: Dale Avenue Condominium Association Inc

3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	181 Knight St	Warwick	RI

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
Manage all affairs of the Dale Avenue Condominium Association

7. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Office	Name	Street Address	City	State	Zip
President	Kevin Sarli	41B Dale Ave	Johnston	RI	02919
Vice President	Norma Thurber	39A Dale Ave	Johnston	RI	02919
Secretary	Susan Lataille	39F Dale Ave	Johnston	RI	02919
Treasurer	Danielle Ford	39G Dale Ave	Johnston	RI	02919

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	Street Address	City	State	Zip
Kevin Sarli	41B Dale Ave	Johnston	RI	02919
Norma Thurber	39A Dale Ave	Johnston	RI	02919
Susan Lataille	39F Dale Ave	Johnston	RI	02919
Danielle Ford	39G Dale Ave	Johnston	RI	02919

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	Address	Address	City	Zip
John P. Moran	181 Knight St		Warwick	02886

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

1 1 3 2 9 8

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 [signature] *Date* 7-28-08

Print or Type Name of Officer Kevin Sarli

Title of Officer President

FILED 10:53
File Date JUL 29 2008
Check No. By DML
By: GC 4486
FOR SECRETARY OF STATE USE ONLY
24724-2-266230

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