

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 401.222.30
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 penalty fee of \$25.00.

3. State of Incorporation 4. Corporate address in Rbode Island - Street Address City Zif	4101	
$  \mathcal{D}_{i} \setminus \mathcal{D}_{i$	20019	
5. Foreign corporation. Enter principal office address City State Zip	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
N/A N/A N/A	la I	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island		
CONDOMINIOM ASSOCIATION  7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) $\Box$ FILL IN SPACES BEFORE USING ATTACHMENT	NTS	
President Name  FRANK FIORENZARO  Vice President Name  Scopelliti		
Street Address 599 Wantford AVR BUWINSON AVR		
City State Zip City State Zip	9919	
Secretary Name  Scopelliti  Treasurer Name  Scopelliti  Soyce Scopelliti		
Street Address 66 WINSON AVE 66 WINSON AVE		
State ZID JOHNSTON RI ZID JOHNSTON RI ZID	919	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHME THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3)		
Director Name Director Name		
FRANK FIOTONIZATO JOYCO SCOPOLLITI		
Street Address  Street Address  66 WINSON AVE		
Software RI 03919 State RI	32919	
Director Name Director Name Director Name  The SCOPELLITI  The SCOPELLITI  The SCOPELLITI  The SCOPELLITY  The		
Street Address Street Address		
State Zip Od 919 City + State Zip Od 919 P. P. I Od 919 P.	٤ ,,	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-7	8 %	
Agent Name  Address  A T T T T T T T T T T T T T T T T T T	<b>8</b> 0 0 0	
Address City 200 APRITTORS AVE	<b>X</b> 200	
JOHNSTON RIT 102910	15 23	
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver of	r Trustee	
	<b>E</b> 3, 1	
Under penalty of perjury, I declare and affirm that I be	h cxamined this	
report, including any accompanying schedules and state		
statements contained herein are true and correct.	9-17-0	
FILED	File Date	
File Date	ыше	
SEP 2 5 2008  Signature of Officer		
File Date  SEP 2 5 2008  Check No.  Signature of Officer  Signature SCOPELLITI		
File Date  SEP 2 5 2008  Check No.  By: By Ola 4048 11.04  Print or Type Name of Officer  Signature of Officer  Print or Type Name of Officer		
File Date  SEP 2 5 2008  Check No.  By: By Ola 4048 11.04  Print or Type Name of Officer  Signature of Officer  Print or Type Name of Officer		
SEP 2 5 2008  Check No.  By: By OLGGGR 11:04  FOR SECRETARY OF STATE USE OF STATE U	Form 631 Rev. 12/06	