



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 2007

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.

1. Corporate ID No. <u>1334</u>	2. Name of Corporation <u>Twenty Place Condominium Association</u>		
3. State of Incorporation <u>R.I.</u>	4. Corporate address in Rhode Island - Street Address <u>2599 Hartford Ave</u>	City <u>Johnston</u>	Zip <u>02919</u>
5. Foreign corporation. Enter principal office address <u>X</u>		City <u>X</u>	State <u>X</u>
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <u>Condominium Association</u>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <u>Frank Fiorenzaro</u>		Vice President Name <u>Joyce Scopelliti</u>	
Street Address <u>2599 Hartford Ave</u>		Street Address <u>66 Winsor Ave</u>	
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>
Secretary Name <u>Diane Scopelliti</u>		Treasurer Name <u>Joyce Scopelliti</u>	
Street Address <u>66 Winsor Ave</u>		Street Address <u>66 Winsor Ave</u>	
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>
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 <u>Frank Fiorenzaro</u>		Director Name <u>Joyce Scopelliti</u>	
Street Address <u>2599 Hartford Ave</u>		Street Address <u>66 Winsor Ave</u>	
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>Johnston</u>
Director Name <u>Diane Scopelliti</u>		Director Name <u>X</u>	
Street Address <u>66 Winsor Ave</u>		Street Address <u>X</u>	
City <u>Johnston</u>	State <u>RI</u>	Zip <u>02919</u>	City <u>X</u>
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	

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

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CORPORATIONS DIV
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File Date	FILED
Check No.	SEP 25 2008
By:	By <u>064098</u> 11/04
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.

Diane Scopelliti 9-17-08
Signature of Officer Date
Diane Scopelliti
Print or Type Name of Officer
Secretary
Title of Officer