



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 2004

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. 1334		2. Name of Corporation Twenty Place Condominium Association			
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 2599 Hartford Ave		City JOHNSTON	Zip RI 02919
5. Foreign corporation. Enter principal office address 2		City x	State x	Zip x	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island Condominium Association					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MICHAEL ROMEO			Vice President Name JOYCE SCOPELLITI		
Street Address 940 Greenville Ave			Street Address 66 WINSOR AVE		
City SAGREENVILLE	State RI	Zip 02828	City JOHNSTON	State RI	Zip 02919
Secretary Name JOSEPH HARRINGTON			Treasurer Name JOYCE SCOPELLITI		
Street Address 49 CEDAR SWAMP ROAD			Street Address 66 WINSOR AVE		
City SMITHFIELD	State RI	Zip 02917	City JOHNSTON	State RI	Zip 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 JOYCE SCOPELLITI			Director Name DIANE SCOPELLITI		
Street Address 66 WINSOR AVE			Street Address 66 WINSOR AVE		
City JOHNSTON	State RI	Zip 02919	City JOHNSTON	State RI	Zip 02919
Director Name JOSEPH HARRINGTON			Director Name x		
Street Address 49 CEDAR SWAMP ROAD			Street Address x		
City SMITHFIELD	State RI	Zip 02917	City x	State x	Zip x
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

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

Date

Print or Type Name of Officer

Title of Officer

FILED
File Date SEP 25 2008
Check No. 1104
By: 064698
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