

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(ccdd)) is

" In accordance with R.I.G.L. 7-1.2-1; subject to a penalty fee of \$25.00.	OUI(e), each corporation fat	ung or rejusing to fue its annu	at report within thirty (50) days after	me sime presentated by may (10.1.	5.2, 7-1,2 1,51(104))
1. Corporate ID No. 108184	2. Name of Corporation Parsonage Brook Commercial Condominium Association, Inc				
3. Street Address Principal Business Office 2067 West Shore Road			City Warwick	State RI	^{Zip} 02886
4. Business Phone No. 401-527-4557 5. State of Incorporation Rhode Island			·		
6. Brief Description of the Character of Condominium association					
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC		S BEFORE USING ATTA	CHMENTS
President Name Pamfilo A Trombetti			Vice President Name NONE		
Street Address 134 Eden Crest Drive			Street Address		
City Cranston	State RI	^{Ζφ} 02920	City	State	Zip
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Director Name			ACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zψ	City	State	Zip
9. SHARES AUTHORIZED	I	ı	: 10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION		(TN)
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			200	COMMON	NONE
This report must be executed this report must be executed of	on behalf of the corp	oration by an authorize oration by the receiver of	d representative. If the corpor trustee.	ation is in the hands of	a receiver or trustee
•	•	•			

File Date	145409
Check No.	1299
Ву:	mnc
F	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I	
including any accompanying schedules and stateme	ents, and that all statements
contained herein are true and correct.	
Family No lozaly	1-2-09
Signature	Date
PAMFILE A. TROME	<i>tt.</i>
Print or Type Name	
Tresident	
Title	E (30 P 00 100
	Form 630 Rev. 08/08