RI SOS Filing Number: 200942473120 Date: 02/20/2009 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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.	2. Name of Corporation		
99480	PLYMPTON ESTATES CONDOMINIUM ASSOCIATION		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RHODE ISLAND	01 PRIMROSE LANE	N PROV	02904
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
COLLECT CONDOMINIUM FEES

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

President Name	Vice President Name
LARRY LABADIE	JOE MOONEY
Street Address: 24 PRIMROSE LANE	Street Address: 8 PRIMROSE LANE
City: N. PROV State: RI Zip: 02911	City: N PROV State: RI Zip: 02911
Secretary Name	**Treasurer Name**
KIM DI MAIO	ROSANN BRUSCO
Street Address: 2 PRIMROSE LANE	Street Address: 14 PRIMROSE LANE
City: N PROV State: RI Zip: 02911	City: N. PROV State: RI Zip: 02911

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	Director Name
LARRY LABADIE	JOE MOONEY
Street Address: 24 PRIMROSE LANE	Street Address: 8 PRIMROSE LANE
City: N PROV State: RI Zip: 02911	City: N PROV State: RI Zip: 02911
Director Name	**Director Name**
KIM DI MAIO	ROSANN BRUSCO
Street Address: 2 PRIMROSE LANE	Street Address: 14 PRIMROSE LANE
City: N. PROV State: RI Zip: 02911	City: N. PROV State: RI Zip: 02911

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
JAMES TAYLOR	
Address	**City** / **Zip**
61 FLEETWOOD DRIVE	SAUNDERSTOWN 02874-

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

99480

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FEB 20 2009
By 081469
10:33

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.

Joe Mooney 07/25/07
Signature of Officer *Date*

JOE MOONEY
Print or Type Name of Officer

V. PRESIDENT
Title of Officer

File Date _____
Check No. _____
By: _____

31282-4-320381
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Form 631 Rev. 03/07