



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

## 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(c&d)) is subject to a penalty fee of \$25.00.

|  |             |  |   |                        |                           |
|--|-------------|--|---|------------------------|---------------------------|
| 1. Corporate ID No.<br>484757  |             | 2. Name of Corporation<br>4 FRONTAGE ROAD CONDOMINIUM ASSOCIATION, INC |   |                        |                           |
| 3. Street Address Principal Business Office<br>4B FRONTAGE ROAD  |             | City<br>WESTERLY   |   | State<br>RI            | Zip<br>02891              |
| 4. Business Phone No.<br>(401) 348-9310  |             | 5. State of Incorporation<br>RHODE ISLAND                              |   |                        |                           |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>CONDOMINIUM ASSOCIATION   |             |  |   |                        |                           |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                          |             |  |   |                        |                           |
| President Name<br>KAREN LATHAM   |             |  | Vice President Name<br>KAREN LATHAM                                 |                        |                           |
| Street Address<br>4B FRONTAGE ROAD   |             |  | Street Address<br>4B FRONTAGE ROAD                                  |                        |                           |
| City<br>WESTERLY   | State<br>RI | Zip<br>02891   | City<br>WESTERLY  | State<br>RI            | Zip<br>02891              |
| Secretary Name<br>KAREN LATHAM   |             |  | Treasurer Name<br>KAREN LATHAM                                      |                        |                           |
| Street Address<br>4B FRONTAGE ROAD   |             |  | Street Address<br>4B FRONTAGE ROAD                                  |                        |                           |
| City<br>WESTERLY   | State<br>RI | Zip<br>02891   | City<br>WESTERLY  | State<br>RI            | Zip<br>02891              |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |  |   |                        |                           |
| Director Name<br>KAREN LATHAM  |             |  | Director Name   |                        |                           |
| Street Address<br>4B FRONTAGE ROAD   |             |  | Street Address  |                        |                           |
| City<br>WESTERLY   | State<br>RI | Zip<br>02891   | City  | State                  | Zip                       |
| Director Name  |             |  | Director Name   |                        |                           |
| Street Address   |             |  | Street Address  |                        |                           |
| City   | State       | Zip  | City  | State                  | Zip                       |
| 9. SHARES AUTHORIZED   |             |  | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |                        |                           |
| 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. |             |  | ISSUED SHARES — THIS SECTION MUST BE COMPLETED                      |                        |                           |
|  |             |  | Number of Shares<br>2,000   | Class/Series<br>COMMON | Par Value<br>NO PAR VALUE |
|  |             |  |   |                        |                           |

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

|                                 |                    |
|---------------------------------|--------------------|
| File Date                       | <b>FILED</b>       |
| Check No.                       | <b>MAR 02 2009</b> |
| By:                             | <b>By 188</b>      |
| 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.

*Karen Latham* 2/27/09  
Signature Date  
*Karen Latham*  
Print or Type Name  
President  
Title