



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 2009

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. 151429		2. Name of Corporation Condominiums at Georgiaville Pond			
3. State of Incorporation Rhode Island		4. Corporate address in Rhode Island - Street Address 24 Stillwater Road		City Smithfield	Zip 02917
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 CONDOMINIUM ASSOCIATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lawrence E. DeCristofaro, Jr.			Vice President Name		
Street Address P.O. Box 28216			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Lawrence E. DeCristofaro, Jr.			Director Name Joanne DeCristofaro		
Street Address P.O. Box 28216			Street Address P.O. Box 28216		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Director Name Gregory DeCristofaro			Director Name		
Street Address P.O. Box 28216			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
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 Robert S. Ciresi, Esquire			Address		
Address 1918 Smith Street			City North Providence		Zip 02911

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

Lawrence E. Decristofaro, Jr.

Print or Type Name of Officer

President

Title of Officer

File Date	FILED
Check No.	JUN 09 2009
By:	<u>1180</u>
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