



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. <b>80971</b>		2. Name of Corporation <b>LILY PADS PROFESSIONAL CONDOMINIUM ASSOCIATION</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>133 OLD TOWER HILL ROAD, STE. 1</b>		City <b>WAKEFIELD</b>	Zip <b>02879</b>
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 <b>TO PROVIDE FOR THE ADMINISTRATION, OPERATION, MANAGEMENT, ETC. OF LILY PADS PROFESSIONAL CONDO ASSOCIATION</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Robert DonFrancesco</b>			Vice President Name		
Street Address <b>13 What Cheer Road</b>			Street Address		
City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>	City	State	Zip
Secretary Name <b>Jean E. Burke</b>			Treasurer Name <b>M. Robert O'Neill</b>		
Street Address <b>172 Estelle Drive</b>			Street Address <b>PO Box 33</b>		
City <b>W.Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	City <b>Peace Dale</b>	State <b>RI</b>	Zip <b>02883</b>
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 <b>SAME AS ABOVE</b>			Director Name <b>SAME AS ABOVE</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>SAME AS ABOVE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

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

80971

File Date 6-19-09  
 Check No. 1825  
 By: MNC  
 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.

M Robert O'Neill 6/19/09  
 Signature of Officer Date  
M ROBERT O'NEILL  
 Print or Type Name of Officer  
Treasurer  
 Title of Officer