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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.	2. Name of Corporation		
31321	ROYAL RIDGE CONDOMINIUM, INC		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
RI	201 HOFFMAN AVE	CRANSTON	02920
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

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

President Name	Vice President Name
DORIS BYRNE	JUDITH CHORNEY
Street Address: 201 HOFFMAN AVE #11	Street Address: 201 HOFFMAN AVE # 23
City: CRANSTON State: RI Zip: 02920	City: CRANSTON State: RI Zip: 02920
Secretary Name	**Treasurer Name**
ELEANOR CODO	ANNE MANSOLILLO
Street Address: 201 HOFFMAN AVE # 8	Street Address: 201 HOFFMAN AVE # 19
City: CRANSTON State: RI Zip: 02920	City: CRANSTON State: RI Zip: 02920

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
GEORGE BONETTI	AURORA VILLUCCI
Street Address: 201 HOFFMAN AVE # 2	Street Address: 201 HOFFMAN AVE #25
City: CRANSTON State: RI Zip: 02920	City: CRANSTON State: RI Zip: 02920
Director Name	**Director Name**
MARIE QUARTINO	
Street Address: 201 HOFFMAN AVE # 6	Street Address:
City: CRANSTON State: RI Zip: 02920	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

[redacted] [redacted]

FILED
File Date JUN 22 2009
Check No.
By: By

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.

Doris Byrne 6-14-09
Signature of Officer *Date*

DORIS BYRNE
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 631 Rev. 09/17

35261-16-391981