

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

* AND PROVIDENCE PLANTATIONS * Office of the Secretary of State				100 North Main Street, Providence, RI 02903-1 401.222.3	
NON-PROFIT	CORPORA	TION ANNUA	AL REPORT FOR TI	HE YEAR 200	9
Filing Period: June 1					
(FORM MUST BE TYPED 0 . I. Corporate ID No.	R PRINTED IN BLA 2. Name of Corp				
127034			inum Estates Condominium	cociation +	. ~
3. State of Incorporation		dress in Rhode Island -Stre		,	
Rhode Island		/ / Overlook Dr	er Auto ess	City No Kingstown	<i>Zip</i> 02852
5. Foreign corporation: Enter			City	State	02852 Zip
6. Brief Description of the cha	aracter of the affairs w	phich are actually conducte	d in Rhode Island		d'i
Management of Cond				•	ese a
7. NAMES AND ADDRE	ESSES OF THE O	FICERS ("X" BOX FO	R ATTACHMENT) TILL IN SPACE Vice President Name	ES BEFORE USING ATTA	MENTS OF
Tom Celona			Howard Croll		2 经
Street Address			Street Address		N OSAT
51 Woods Way			90 Woods Way		るがのこ
City	State	Zip	City	State	Zip Z
No Kingstown	RI	02852	No Kingstown	RI	02852 m
Secretary Name			Treasurer Name		5
Joyce Phipps			James Dobrowolski		
Street Address			Street Address		
84 Woods Way	0	_	31 Overlook Dr		
<i>City</i> No Kingstown	<i>State</i> RI	Zip	City	State	Zip
-		02852	No Kingstown	RI	02852
THE NUMBER OF	SSES OF THE DI	KEUTORS ("X" BOX F DOMESTIC (RHODE IS	OR ATTACHMENT) [] FILL IN SPACELAND) CORPORATION SHALL NOT	CES BEFORE USING ATT.	ACHMENTS
Director Name		•	Director Name	THE PERSON NAMED IN	J.K.LG.L 7-0-23
Tom Celona			Howard Croll		
Street Address			Street Address		
51 Woods Way			90 Woods Way		70
City	State	Zip	City	State	29
No Kingstown	RI	02852	No Kingstown	RI	<i>24</i> 9 '02852
Director Name			Director Name		92002
Joyce Phipps			James Dobrowolski		
Street Address			Street Address		J.
84 Woods Way			31 Overlook Dr		entering and a second s
City	State	Zip	City	State	Zin
No Kingstown	ŔI	02852	No Kingstown	RI	02852
9. REGISTERED AGENT Igent Name	IN RHODE ISLA	ND -DO NOT ALTER- C	Changes require filing of Fo		7-6-25
RIPAC			21007 503		¥- +
Address			City	Zip	
181 Knight St			Warwick	02886	
his vanort must be sign	and the death to the	. d b :t . re	n di d	_	

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



File Date	FILED
Check No.	JUN 2 22009
B <u>v:</u>	By Och 9273
FOR SECRET	TARY 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.

Milan	05-28-09
Signature of Officer	Date
Tom Celona	

Print or Type Name of Officer

President
Title of Officer

Form 631 Rev. 6/02