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STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 ● Filing Fee: $20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 29891

2. Name of Corporation Sweet Meadows Condominium

3. State of Incorporation Rhode Island

4. Corporate address in Rhode Island -Street Address Sweet Meadows Court

City Narragansett *Zip* 02882

*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

Manage affairs of condominium association

STEPHEN A FANNING

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

President Name Len Summer
Street Address 30 Sweet Meadow Court #19
City Narragansett *State* RI *Zip* 02882

Vice President Name Steve Fanning
Street Address 30 Sweet Meadow Court #23
City Narragansett *State* RI *Zip* 02882

Secretary Name Donna Sciola
Street Address 30 Sweet Meadows Ct #3
City Narragansett *State* RI *Zip* 02882

Treasurer Name
Street Address
City *State* *Zip*

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 Len Summer
Street Address 30 Sweet Meadow Court #19
City Narragansett *State* RI *Zip* 02882

Director Name Steve Fanning STEPHEN A. FANNING
Street Address 30 Sweet Meadow Court #23
City Narragansett *State* RI *Zip* 02882

Director Name Donna Sciola
Street Address 30 Sweet Meadows Ct #3
City Narragansett *State* RI *Zip* 02282

Director Name
Street Address
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 RIPAC
Address 181 Knight St
City Warwick *Zip* 02886

Address

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

[redacted] 29891 [redacted]

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 Len Summer *Date* 9/8/09

Len Summer
Print or Type Name of Officer

[redacted] President
Title of Officer

File Date FILED
Check No JUN 26 2009
By: BV 502185
35486-34-392563
FOR SECRETARY OF STATE USE ONLY

Form 631 Rev. 6/02