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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.
45015

2. Name of Corporation
Sharon Village Condominium Association

3. State of Incorporation
Rhode Island

4. Corporate address in Rhode Island -Street Address
Sharon St

City
Cranston

Zip
02820

*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

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

President Name
Sharon Rowan
Street Address
25 Sharon St #6
City Cranston *State* RI *Zip* 02910

Vice President Name
Linda McDonald
Street Address
25 Sharon St. #4
City Cranston *State* RI *Zip* 02910

Secretary Name
Debbie Suggs
Street Address
25 Sharon St #4
City Cranston *State* RI *Zip* 02910

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
Sharon Rowan
Street Address
25 Sharon St #6
City Cranston *State* RI *Zip* 02910

Director Name
Linda McDonald
Street Address
25 Sharon St #4
City Cranston *State* RI *Zip* 02910

Director Name
Debbie Suggs
Street Address
25 Sharon St. #4
City Cranston *State* RI *Zip* 02910

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
John P. Morgan
Address
181 Knight St

Address

City
Warwick

Zip
02886

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

[redacted] [redacted]

4 5 0 1 5

File Date FILED
Check No. JUN 26 2009
By: By 50211

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.

Sharon Rowan 5/28/09
Signature of Officer *Date*

Sharon Rowan
Print or Type Name of Officer

[redacted] President
Title of Officer

Form 631 Rev. 6/02