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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.
43759

2. Name of Corporation
Dale Hill Condominium Association

3. State of Incorporation
Rhode Island

4. Corporate address in Rhode Island -Street Address
Dale Ave

City Johnston *Zip* 02919

*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
Management of homeowners association

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

President Name
Mary Damiano
Street Address
35F Dale Ave
City Johnston *State* RI *Zip* 02919

Vice President Name
Street Address
City *State* *Zip*

Secretary Name
Tina McCabe
Street Address
33G Dale Ave
City Johnston *State* RI *Zip* 02919

Treasurer Name
Lori Jackson
Street Address
35J Dale Ave
City Johnston *State* RI *Zip* 02919

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
Mary Damiano
Street Address
35F Dale Ave
City Johnston *State* RI *Zip* 02919

Director Name
Lori Jackson
Street Address
35J Dale Ave
City Johnston *State* RI *Zip* 02919

Director Name
Tina McCabe
Street Address
33G Dale Ave
City Johnston *State* RI *Zip* 02919

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
KBAR
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] 43759

File Date FILED
Check No. JUN 26 2009
By: By 502164
FOR SECRETARY OF STATE USE ONLY

[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.

Mary E. Damiano 6-18-09
Signature of Officer *Date*
Mary Damiano
Print or Type Name of Officer
[redacted] President
Title of Officer

Form 631 Rev. 6/02