

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

401.22

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 subj

to a penalty fee of \$25.00.					21.0.12 7-0-917 is short
1. Corporate ID No.	2. Name of Corporation				
28444	* * * * * * * * * * * * * * * * * * * *	idominium Associ			
3. State of Incorporation	4. Corporate address in		Address	City	Zip
Rhode Island	4430 Post Road			East Greenwich	02818
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the char	acter of the affairs which are o	ctually conducted in R	hode Island		
	SSES OF THE OFFICER	S: ("X" BOX FOR A	TTACHMENT) 🗌 FILL IN SPACE	ES BEFORE USING ATTACI	HMENTS
President Name			Vice President Name		
Maureen McCarthy			Veronica Sheridan		
Street Address 4430 Post Road, Unit A12			Street Address 4430 Post Road, Unit E71		
City	State	Zip	City	State	Zip
East Greenwich	Rhode Island	02818	East Greenwich	Rhode Island	02818
Secretary Name Karen Frascella			Treasurer Name Nicholas Melucci		
Street Address			Street Address		
4430 Post Road, Unit D55			155 Sturbridge Drive		
City	State	Zip	CHY	State	Zip
East Greenwich	Rhode Island	02818	Warwick	Rhode Island	02886
8. NAMES AND ADDRE	SSES OF THE DIRECTO	ORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPACE	ES BEFORE USING ATTAC	HMENTS
THE NUMBER OF DIRI	ECTORS OF A DOMEST	IC (RHODE ISLA	ND) CORPORATION <u>SHALL N</u>	OT BE LESS THAN THREE	E (3). R.I.G.L. 7-6-2
Director Name			Director Name		
Corinne Annicelli			Linda McGuire		
Street Address			Street Address		
4430 Post Road, Unit A5			4430 Post Road, Unit A2		
CUy -	State	Zip	City	State	Zip
East Greenwich	Rhode Island	02818	East Greenwich	Rhode Island	02818
Director Name			Director Name		
Delores Maisonet					
Street Address			Street Address		
4430 Post Road, Unit					
City	State	Zip	City	State	Zip
East Greenwich 9. REGISTERED AGENT	Rhode Island IN RHODE ISLAND - I	02818   <b>00 not alter</b> - 1	l Changes require filing of Fort	 m 641 - R.I.G.L. 7-6-13 / <sup>-</sup>	} 7-6-78
Agent Name Robert C. Salmani			Address		
Address			Cit <sub>1</sub>	Zip	
1732 Broad Street, Suite 5			Cranston	02905	
· · · · · · · · · · · · · · · · · · ·	<del></del>				
this report n	nust be signed by either	the President, Vice	e President, Secretary, Assistant	Secretary, Treasurer, Recei	ver or Trustee

2 8 4 4 4	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date 6-26-09 Check No. 0231	statements contained herein are true and correct.  Signature of Officer  MAUREEN S. MC(ARTHY)
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer President Ocean Point Condo Assoc. Title of Officer