

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

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 subject to a penalty fee of \$25.00.

princip just by \$25.00.	<del></del>					
1. Corporate ID No.		2. Name of Corporation				
153751	188 Benefit	188 Benefit Street Condominium Association, Inc.				
3. State of Incorporation	4. Corporate add	4. Corporate address in Rhode Island - Street Address			Zip	
Rhode Island	c/o Jeffrey	St. Sauveur, Esq. 50	Park Row West, Suite 102	Providence	02903	
5. Foreign corporation. Enter principal office address			City	State	Zıp	
6. Brief Description of the cha	tracter of the affairs whic	b are actually conducted in Ri	bode Island	L	I	
Maintain and manage	a condominium ass	sociation				
7. NAMES AND ADDR	ESSES OF THE OFF	ICERS: ("X" BOX FOR A	TTACHMENT) [] FILL IN SPACES	BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Helen MacDonald						
Street Address			Street Address			
188 Benefit Street						
City	State	Zip	City	State	Zip	
Providence	RI	02906				
Secretary Name			Treasurer Name			
Karen Lustig			Christopher Marsella			
Street Address 188 Benefit Street			Street Address 188 Benefit Street			
City	State	Zip	City	State	Zip	
Providence	RI	02906	Providence	RI	02906	
			ATTACHMENT) FILL IN SPACES			
Director Name			D) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Helen MacDonald			Christopher Marsella	Christopher Mernelle		
Street Address			Street Address			
188 Benefit Street			188 Benefit Street			
Clty	State	Zip	City	State	Zip	
Providence	RI	02906	Providence	RI	02906	
Director Name			Director Name			
Karen Lustig						
Street Address			Street Address			
188 Benefit Street						
Gity	State	Ζip	· CHy	State	Zip	
Providence	RI	02906	1			
9. REGISTERED AGEN	T IN RHODE ISLAN	ND			·	
This information is curre	ently of record in the	Office of the Secretary of	of State. Changes require filing of Fo	orm 641 - R.I.G.L. 7-6-1	3/7-6-78	
This sonost	must be sized by	alaban dan Danidana AC	o Dunaidant Canatau Anista d S			

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

	FII ED	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.
File D	ureJUN <b>2.9</b> 2009	17:2 Hd 62 NOT 6002 felen y 126 cand 123/69
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Check	No. — By D	STATE TO YEAT 380 38 beint on table Name of Officer  VIO SNOTTANO 980 9 Helen WacDougl
By:	$\sim$ $\sim$ $\sim$ $\sim$ $\sim$ $\sim$	BIVIS JUNEY 1380 35 Print or Type Name of Officer
	FUR SECRETARY OF STATE USE ONLY	GRAIB President
	TOR SECRETARY OF STATE USE ORD	Title of Officer