State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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.*

1. Corporate ID No.	2. Name of Corporation		
149350	The Courtyard at Metacom Condominium Association		
3. State of Incorporation	**4. Corporate address in Rhode Island - Street Address**	**City**	**Zip**
Rhode Island	663 Metacom Avenue	Bristol	02809
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

Condominium Association

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

President Name			Vice President Name		
James McCarty			N/A		
Street Address			**Street Address**		
663 Metacom Avenue					
City	**State**	**Zip**	**City**	**State**	**Zip**
Bristol	RI	02809			
Secretary Name			**Treasurer Name**		
Matthew Brito			James McCarty		
Street Address			**Street Address**		
663 Metacom Avenue			663 Metacom Avenue		
City	**State**	**Zip**	**City**	**State**	**Zip**
Bristol	RI	02809	Bristol	RI	02809

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			Director Name		
James McCarty			Matthew Brito		
Street Address			**Street Address**		
663 Metacom Avenue			663 Metacom Avenue		
City	**State**	**Zip**	**City**	**State**	**Zip**
Bristol	RI	02809	Bristol	RI	02809
Director Name			**Director Name**		
Sarah Principe					
Street Address			**Street Address**		
663 Metacom Avenue					
City	**State**	**Zip**	**City**	**State**	**Zip**
Bristol	RI	02809			

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78

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

[redacted] 149350 [redacted]

File Date FILED
Check No. JUL 01 2009
By: By 406
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.

James K. McCarty — 6-30-2009
Signature of Officer — *Date*

James K. McCarty
Print or Type Name of Officer

President & Treasurer
Title of Officer

[redacted]

Form 631 Rev. 09/17