



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.<br>29903                                                                                                                                     |             | 2. Name of Corporation<br>THE PLANTATIONS CONDOMINIUM ASSOCIATION, INC.                 |                                                  |                 |              |
| 3. State of Incorporation<br>RHODE ISLAND                                                                                                                        |             | 4. Corporate address in Rhode Island - Street Address<br>33 College Hill Road, Suite 5B |                                                  | City<br>Warwick | Zip<br>02886 |
| 5. Foreign corporation. Enter principal office address                                                                                                           |             |                                                                                         |                                                  | City            | State        |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br>THE MANAGEMENT OF ALL AFFAIRS OF THE PLANTATION CONDOMINIUM |             |                                                                                         |                                                  |                 |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                                |             |                                                                                         |                                                  |                 |              |
| President Name<br>Andrew Brown                                                                                                                                   |             |                                                                                         | Vice President Name                              |                 |              |
| Street Address<br>274 South Main Street, Unit 28                                                                                                                 |             |                                                                                         | Street Address                                   |                 |              |
| City<br>Providence                                                                                                                                               | State<br>RI | Zip<br>02903                                                                            | City                                             | State           | Zip          |
| Secretary Name<br>Ginny Burke                                                                                                                                    |             |                                                                                         | Treasurer Name<br>Benjamin Lovesky               |                 |              |
| Street Address<br>392 South Main Street, Unit 65                                                                                                                 |             |                                                                                         | Street Address<br>274 South Main Street, Unit 40 |                 |              |
| City<br>Providence                                                                                                                                               | State<br>RI | Zip<br>02903                                                                            | City<br>Providence                               | State<br>RI     | Zip<br>02903 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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<br>Andrew Brown                                                                                                                                    |             |                                                                                         | Director Name<br>Benjamin Lovesky                |                 |              |
| Street Address<br>274 South Main Street, Unit 28                                                                                                                 |             |                                                                                         | Street Address<br>274 South Main Street, Unit 40 |                 |              |
| City<br>Providence                                                                                                                                               | State<br>RI | Zip<br>02903                                                                            | City<br>Providence                               | State<br>RI     | Zip<br>02903 |
| Director Name<br>Ginny Burke                                                                                                                                     |             |                                                                                         | Director Name                                    |                 |              |
| Street Address<br>392 South Main Street, Unit 65                                                                                                                 |             |                                                                                         | Street Address                                   |                 |              |
| City<br>Providence                                                                                                                                               | State<br>RI | Zip<br>02903                                                                            | City                                             | State           | Zip          |
| 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

29903

FILED

File Date JUL 14 2009  
Check No. By 5355  
By:

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.

Signature of Officer

Date

Andrew Brown

Print or Type Name of Officer

President

Title of Officer