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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

401.2

Filing Portod: June 1 - June 30 • Filing Foo: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In account of the Section of the Se

penalty fee of \$25.00.						
1. Corporate ID No.	2. Name of Corp	2. Name of Corporation				
69889	London Arm	London Arms Condominium Association, Inc.				
3. State of Incorporation	4. Corporate ada	tress in Rhode Island - Street	Address	City	Zip	
Rhode Island	94 Cowese	tt Avenue		West Warwick	02893	
5. Foreign corporation. Enter principal office address			City	State	Zip	
< n. (n. (d.)		1 1 1 1 1 1 1	the de Talasad		<u> </u>	
6. Brief Description of the charac		n are actually conducted to K	poue isuru			
Homeowners' Association	n					
7. NAMES AND ADDRES	SES OF THE OFF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPAC	ES BEFORE USING ATTAC	HMENTS	
President Name			Vice President Name			
Leo Jones			Jenna O'Donal			
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address			
94 Cowesett Avenue			94 Cowesett Avenue			
City	State	Zip	City	State	Zίρ	
West Warwick	Ri	02893	West Warwick	RI	02893	
Secretary Name			Treasurer Name Lyndsey Paparella			
Street Address			Street Address			
			94 Cowesett Avenue	9		
City	State	Zip	City	State	Zip	
			West Warwick	RI	02893	
8. NAMES AND ADDRES	SES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPACE	CES BEFORE USING ATTAC	CHMENTS	
THE NUMBER OF DIRE	CTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	<u>YOT BE LESS THAN THRE</u>	E (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Leo Jones			Jenna O'Donal			
Street Address			Street Address			
94 Cowesett Avenue			94 Cowesett Avenue			
City	State	Zip	City	State	Zip	
West Warwick	RI	02893	West Warwick	RI	02893	
Director Name			Director Name			
Lyndsey Paparella						
Street Address			Street Address			
94 Cowesett Avenue					<u> </u>	
City	State	Zip	City	State	Zip	
West Warwick	RI	02893				
9. REGISTERED AGENT	IN RHODE ISLAN	ND .				
This information is current	tly of record in the	Office of the Secretary	of State. Changes require filing of	f Form 641 - R.I.G.L. 7-6-13/	7-6-78	
This report n	nust be signed by	either the President, Vic	ce President, Secretary, Assistan	nt Secretary, Treasurer, Rece	iver or Trustee	
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0,000	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and that a
File Date 7-15-09	statements centained herein are true and correct.
Check No	Signature of Officer Date Leo Jones
By: MMC	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	President Title of Officer
	Form 631 Rev. 09/1