

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 315835 Mill Pond Condominium Association, Inc. 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address City Zip North Smithfield Rhode Island 121 Mattity Road 02896 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 Vice President Name President Name Ronald Beaudry Michael Silvia Street Address Street Address 22 Oak St., Unit 1 121 Mattity Road State State Zip Zip RΙ RI 02911 North Smithfield 02896 North Providence Secretary Name Treasurer Name Susan Leigh Linda Welsh Street Address Street Address 22 Oak St., Unit 6 22 Oak St., Unit 2 City State Ζip City State ZipRI 02911 l RI 02911 North Providence North Providence 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 Michael Silvia Ronald Beaudry Street Address Street Address 22 Oak St., Unit 1 121 Mattity Road State State Zip City Zip 02911 RI 02896 RΙ North Smithfield North Providence Director Name Director Nam Linda Welsh Susan Leigh Street Address Street Address 22 Oak St., Unit 2 22 Oak St., Unit 6 Zib State Zip State 02911 RI North Providence RI 02911 North Providence 9. REGISTERED AGENT IN RHODE ISLAND

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

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

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315835	By CEC14897 Under populty of parity I declare and offirm that I have examined this
	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
	testaments contained have and correct
	66:7:44 02 700 cont level Beauty 4/34/09
	65: Zi Hd OZ 7NT 600Z Signature of Officer RONAL O BEAURY Date
	Print or Type Name of Officer
OR SECRETARY OF STATE USE ONLY	AID SNOW HO MAD Print or Type Name of Officer Company Company
	315835 OR SECRETARY OF STATE USE ONLY