

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

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. 158817	2. Name of Corporation SAUGATUCKET POND CONDOMINIUM ASSOCIATION, INC.					
3. State of Incorporation RI	4. Corporate address in Rhode Island - Street Address 1270 Saugatucket Road			South Kingstown	Zip 02879-0000	
5. Foreign corporation. Enter principal office address			City	State	Zip	
6. Brief Description of the character to operate condominium	of the affairs which are act n ownership prope	ually conducted in Rhode Isla e <b>rty</b>	and	AND		
7. NAMES AND ADDRESSES	OF THE OFFICERS	: ("X" BOX FOR ATTACH	MENT)  FILL IN SPACES	S BEFORE USING ATTACH	MENTS	
President Name Donna Castle			Vice President Name Mark L. Moster			
street Address 303 Avenue 1 1268 Schuget ucket Road			Street Address 261 North Latches Lane			
Matamoras Tule	State PA RT	714 18336- CQS H	City Merion Station	State PA	Zip 19066-	
Secretary Name Marlene R. Moster			Treasurer Name Donna Castle			
Street Address 261 North Latches Lane			Street Address 303 Avenue I			
Merion Station	State PA	<sup>Zip</sup> 19066-	Gity Matamoras	State PA	Zip 18336-	
8. NAMES AND ADDRESSES						
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) Of Director Name  Donna Castle			Director Name  Mark L. Moster			
Street Address 303-Avenue 1 1268 Saugatucket Boad			Street Address 261 North Latches Lane			
Mataliant Dale	PA ET	18336-0289	Merion Station	State PA	79065 m	
Director Name Marlene R. Moster			Director Name and Director Name			
Street Address 261 North Latches Lane			Street Address none School			
Merion Station	State PA	Ζφ <b>19066-</b>	CHy none	State none	<b>B</b> one <	
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 Correlated Assistant Co. T. D. C.						

signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	FILED	
Check No.	AUG 2 6 2009	-
By:	By 1037 E	1
FOR S	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

6/01/2009

Donna Castle

Date

Print or Type Name of Officer President

Title of Officer