

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. 487-780	2. Name of Corporation Millbrook Condominium Association, Inc.					
3. State of Incorporation	l _ '	bode island - Street Address		City:	Zip	
Rhode Island	98 Camp St	reet		Providence	02906	
5. Foreign corporation. Enter princ	cipal office address		City	State	Zip	
located at 153. 7. Names and addresses	Condominium -155 Govern	As sociation or Street, F	. shall manage an Trovidence, Rhode IMENT) [] FILL IN SPACES B	Island, 029	06.	
President Name Gerald Fogel			Vice President Name Ali Gokturk			
Street Address 98 Camp Street			Street Address 153 Governor Street			
Providence	RI	02906	Providence	State RI	^{zip} 02906	
Secretary Name Gulai Gokturk			Treasurer Name Gerald Fogel			
Street Address 153 Governor Street			Street Address 98 Camp Street			
Providence	State RI	02906	Providence	State RI	^z φ 02906	
			CHMENT) FILL IN SPACES B			
	ORS OF A DOMESTIC	C (RHODE ISLAND) (CORPORATION <u>SHALL NOT I</u>	<u>BE LESS THAN THREE</u>	(3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Jade Belinda Chau			Metin Gokturk			
Street Address			Street Address			
6030 Crossbrook Court			153 Governor Street			
^{cuy} San Jose	State CA	^{Ζίρ} 95120	Providence	State RI	χφ 02906	
Director Name Gulai Gokturk			Director Name			
Street Address 153 Governor Street			Street Address			
City Providence 9. REGISTERED AGENT IN F	State RI RHODE ISLAND	02906	Сиу	State	Zip	
This information is currently o	f record in the Office	of the Secretary of State	e. Changes require filing of Form	n 641 - R.I.G.L. 7-6-13/7-	6-78	
This report must	be signed by either t	he President Vice Pres	ident Secretary Assistant Sec	retary Treasurer Paceiv	er or Trustae	

File Date	FILED
Check No.	NOV 1 8 2009
Ву:	By \29
ŀ	OR SECRETARY OF STATE USE ONLY

	re and affirm that I have examined t	
statements contained herein are tr	ng schedules and statements, and that we and correct	a
60 14/		
Signature of Officer	Date	

Gerald Fogel Print or Type Name of Officer

President

Title of Officer