RI SOS Filing Number: 201062514580 Date: 05/18/2010 4:00 PM

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 2010

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		
KW 49C 1	COUNTRY LIVING CONDOMINIUMS HOMEOWNERS ASSOCIATION, INC.		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
R.I.	454 BROADWAY.	PROVIDENCE	02909
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 HOMEOWNERS ASSOCIATION

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

	President Name	Street Address	City	State	Zip
	WILLIAM F. WARREN	4F ASYLUM RD	NO. PROV	RI	02904
	Vice President Name	**Street Address**	**City**	**State**	**Zip**
	CHARLES LIMA	4H ASYLUM RD	NO. PROV	RI	02904
	Secretary Name	**Street Address**	**City**	**State**	**Zip**
	PAMELA RICCI	4F ASYLUM RD	NO. PROV	RI	02904
	Treasurer Name	**Street Address**	**City**	**State**	**Zip**
	CHARLENE EANNARINO	4F ASYLUM RD	NO. PROV	RI	02904

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	Street Address	City	State	Zip
	William F. Warren	4F ASYLUM ROAD	NO. PROV	RI	02904
	Director Name	**Street Address**	**City**	**State**	**Zip**
	CHARLES LEMA	4H ASYLUM RD	NO. PROV	RI	02904
	Director Name	**Street Address**	**City**	**State**	**Zip**
	CHARLENE EANNARINO	4F ASYLUM RD	NO. PROV	RI	02904
	Director Name	**Street Address**	**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

2010 MAY 18 P 1:25

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

[redacted] [redacted]

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.

William F. Warren 6-1-10
Signature *Date*

WILLIAM F. WARREN
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]

File Date	FILED
Check No.	MAY 18 2010
By:	By [signature] 8460

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Form 631 Rev. 09/17