



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. 41136		2. Name of Corporation ROBIN HOLLOW CONDOMINIUM ASSOCIATION INC.			
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 1455 MINERAL SPRING AVE		City NO. PROV	Zip 02904
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 CONDO ASSOCIATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name LAURENCE LEVEY			Vice President Name BRIAN SOLOTKE		
Street Address PO BOX 2283			Street Address 27 GILLEN AVE 309C		
City PLAINVILLE	State MASS	Zip 02762	City NO. PROV	State RI	Zip 02904
Secretary Name JAIME LEVEY			Treasurer Name LAURENCE LEVEY		
Street Address PO BOX 2283			Street Address P.O. BOX 2283		
City PLAINVILLE	State MASS	Zip 02762	City PLAINVILLE	State MASS	Zip 02762
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 LAURENCE LEVEY			Director Name BRIAN SOLOTKE		
Street Address P.O. BOX 2283			Street Address 27 GILLEN AVE 309C		
City PLAINVILLE	State MASS	Zip 02762	City NO. PROV	State RI	Zip 02904
Director Name JAIME LEVEY			Director Name		
Street Address P.O. BOX 2283			Street Address		
City PLAINVILLE	State MASS	Zip 02762	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND VISTA MANAGEMENT 1455 MINERAL SPRING AVE NO. PROV RI					
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 02904					

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

FILED

File Date **JUN 04 2010**
Check No. **BY 2192**
By: _____
FOR 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.

Signature of Officer **[Signature]** Date **6/3/10**
Print or Type Name of Officer **LAURENCE LEVEY**
Title of Officer **President**