

A. Ralph Mollis, Secretary of Sta Corporations Division

148 W. River Stre Providence, RI 02904-261

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: June 1 - June 30 • Filing Foe: \$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 the prescribed by law (R.I.G.L. 7-6-91) is subject. 401.222,304

penalty fee of \$25.00.	le its annual report within the tir	ne prescribed by law (R.I.G.L	7-6-91) is subject to a	
52688 River Farms Condon	1			
3. State of Incorporation 4. Corporate address in Rhode Island - Street Add	tress	from Inc	200	
5. Foreign corporation. Enter principal office address		West Waron	et 02893	
	City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhod	e Island			
To manage the affairs of a result	dential condo	minium assoc	cration	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA	CHMENT) [FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS	
Robert Scalzi	Vice President Name			
Street Address 1 Queen Anne's C+	Street Address	ecirilli		
City State Zip	105 River	FARMS Drive	٤	
W. Warwick RT 02893 Secretary Name	W-Warwick	State P.T	^{Zu} 02893	
Sharon Dick	Treasurer Name	Rbe		
Street Address Sandpiper Dr	Street Address			
W. Warwick State PT Zip 12863	Gily Oparro	ow Circle		
8. NAMES AND ADDRESSES OF THE DIRECTORS. (TV POW DOT)	W. Warwick	RI	02893	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) Director Name	CORPORATION SHALL NO	ES BEFORE USING ATTA	CHMENTS	
Robert Zarrella	Director Name	$\alpha \alpha \dots$	E (3). R.I.G.L. 7-6-23	
Street Address	Constance	P. Keilly	_	
City (State 120	Street Address 211 River	Farms D	r.	
W. Werwick RT 02893	W. Warwick	State R.T	02893	
Henry Monti	Director Name		02073	
103 River Farms Dr.	Street Address			
W. Warwick State R.I Zip 02893	City	State	Zip	
REGISTERED AGENT IN RHODE ISLAND	1	1		
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 Vi. R.				
This report must be signed by either the President, Vice President	sident, Secretary Assistant S	ecretary Transport	/-0-/8	
	, J, resistant 3	ceretary, rreasurer, Recei	ver or Trustee	

File Date	FILED	
Check No.	UUN 1 4 2010	-
Ву:	By: 4 303	-
F	OR SECRETARY OF STATE USE ONLY	-

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Under penalty of perjury, I declare and affirm to report, including any accompanying schedules are statements contained herein are trad and correct.	that I have examined this and statements, and that all
X Signature of Officer	6-10-10
Robert Jealzi	Date
Print or Type Name of Officer	
Title of Officer	Form 631 Rev. 00/17
	Form 631 Rev. 09/17