

0000

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 Corp.				
39838	Urban Arms Condominiums Inc				
3. State of Incorporation	4. Corporate add	ress in Rhode Island - Street A	ddress	City	Zip
RI	181 Knight	St		Warwick	02886
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the char	acter of the affairs which	are actually conducted in Rh	ode Island		
Manage and maintain t	he affairs of the ho	meowners association			
7. NAMES AND ADDRE	SSES OF THE OFF	ICERS: ("X" BOX FOR AT	TACHMENT) TILL IN SPACE	ES BEFORE USING ATT	TACHMENTS
President Name			Vice President Name		
Clarisse Ferreira			Beatriz Ramirez		
Street Address			Street Address		
53 Urban Ave #3B			45 Urban Ave #3A		
City	State	Zif)	City	State	Zip
No Providence	RI	02904	No Providence	RI	02904
Secretary Name			Treasurer Name Suzanne Goguen		
Street Address			Street Address 53 Urban Ave #3A		
СИУ	State	Zip	City	State	Zip
			No Providence	RI	02904
8. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS: ("X" BOX FOR	ATTACHMENT) FILL IN SPACE	CES BEFORE USING AT	TACHMENTS
THE NUMBER OF DIR	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL I	NOT BE LESS THAN TE	HREE (3). R.I.G.L. 7-6-
Director Name		,	Director Name		
			Beatriz Ramirez		
Clarisse Ferreira Street Address	· · ·		Street Address		
53 Urban Ave #3B			45 Urban Ave #3A		
City	State	Zip	City	State	Zip
No Providence	RI	02904	No Providence	RI	02904
Director Name	1 131	02001	Director Name		
Suzanne Goguen					
Street Address			Street Address		
53 Urban Ave #3A					
City	State	Zip	City	State	Zip
No Providence	RI	02904		ļ	
9. REGISTERED AGEN		•		•	•
					/ 12/7 / 70
This information is curr	ently of record in th	e Office of the Secretary	of State. Changes require filing of	ot Form 641 - R.I.G.L. 7-	0-13//-0-/8
			ce President, Secretary, Assistan		
This report	t must be signed by	enner the President, Vi	ce riesidem, secretary, Assistan	in Georgiai, freadurer,	

39838	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date 6-28-2010	styrements contained herein are true and correct.
Check No. 507149	Signature of Officer Clarisse Ferreira CLARISC FERREIRI
By:	Print or Type Name of Officer President
FOR SECRETARY OF STATE USE ONLY	Title of Officer