

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 Providence
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. /-6-91) is subject to a penalty fee of \$25.00.						
1. Corporate ID No.	2. Name of Corporation	cliStract 1	ssociation 1	ne-		
3. State of Incorporation	4. Corporate address in RI	ode Island - Street Address	L L	City	Zip	
12.(	100 May	boroughs	ree	E.6.	02818	
5. Foreign corporation. Enter prin	ncipal office address		City	State	Zip	
6 Brief Description of the character	of the affairs which are act	ually conducted in Rhode Isla	nd ]_			
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island  CONCOMINIUM HOMEDWILLS ASSOCIATION  7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)     FILL IN SPACES BEFORE USING ATTACHMENTS						
			Vice President Name			
President Name. Fd BOOV						
Street Address Manhonough Street 6			Street Address			
E.G.	State	D2818	City	State	Ζψ	
Secretary Name Lindemann			Augustus Marsella			
Street Address 30 Sh	ippee Pr	pad	100 Mar 1 b	orough S	reet, 3A	
EG.	State P	DD818	E.G.	State P	02818	
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						
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) Conceptor Name			1			
EdBopp			Augustus Marsella			
Street Address / DO Mar	borond-S	heet	Street Address 100 March	brough 5	t., 34.	
Chy E.G.	State PL	02818	CHy E.G.	State D	0.2818	
Laune Lindemann			Director Name			
Street Address 30 Shipper Road			Street Address			
City E.6.	State TE	102818	Сіту	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						
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						
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OCT 04 2010	
BY 1030/808	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	statements contained herein are true and correct.  7/31/10  Signature of Officer  Date
Check No.	Ferrin J. Bopp
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 09/17