



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 02904-2611  
(401) 222-3000

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\*In accordance with R.I.G.L. § 1501(c), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. § 1501(c)(3)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>108184</b>		2. Name of corporation <b>Parsonage Brook Commercial Condominium Association, Inc.</b>			
3. Street Address (Principal Business Office) <b>2067 West Shore Road</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
4. Business Phone No. <b>401-527-4557</b>		5. State of Incorporation <b>Rhode Island</b>			

6. Brief Description of the Character of Business Conducted in Rhode Island

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

President Name <b>Pamfilo A Trombetti</b>			Vice President Name <b>James Piazza</b>		
Street Address <b>134 Eden Crest Drive</b>			Street Address <b>399 Larchwood Drive</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>NONE</b>			Treasurer Name <b>NONE</b>		

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

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

**9. SHARES AUTHORIZED**

**1000**

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
<b>200</b>	<b>Common</b>	<b>None</b>

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Pamfilo A Trombetti 1/9/2011  
Signature Date

**Pamfilo A Trombetti**  
Print or Type Name  
**President**

**FILED**

File Date \_\_\_\_\_

Check No. **JAN 13 2011**

By: **1318**