

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 201.2 401.2 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

2. Name of Corporation 5. 2121 3. State of Incorporation 5. Corporate address in Roode Island - Street Address RT 23. Greene St. Unit B. Warren 5. Foreign corporation. Enter principal office address No ne 6. Brief Description of the obstracter of the affairs which are actually conducted in Rhoole Island Condoministan Association to collect fees to 1994 bills. 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name None None Street Address 23. Greene St. Unit E. City State Zip Street Address Street A	<u>5</u>	
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5. Foreign corporation. Enter principal office address None 6. Birief Description of the character of the affairs which are actually conducted in Rhode Island Condominity Association to collect fees to 294 bills. 7. NAMES AND ADDRESSES OF THE OFFICERS: (*** BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Mary Jackson Street Address 23 Greene St. Unit E City Warren State Region Merlino Street Address 249 Secretary Name Region Merlino Street Address 23 Greene St. Unit B City State Street Address 240 Street Address 25 Greene St. Unit B City State Street Address 26 Giv State Street Address 27 Greene St. Unit B City City City City State State State Street St. Unit B City City City City City City City Cit		
6. Brief Description of the character of the affirirs which are actually conducted in Rhode Island Condominitum Association to collect fees to 1291 bills. 7. NAMES AND ADDRESSES OF THE OFFICERS: (** BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Mary Jackson Street Address 23 Greene St. Unit E City Warran State Regina Merlino Street Address 23 Greene St. Unit B Secretary Name Regina Merlino Street Address 23 Greene St. Unit B City State City State Street Address 23 Greene St. Unit B City State City State Street Address City State Street Address City State City City State City Cit		
Condominitum Association to collect fees to 129y 511/5. 7. NAMES AND ADDRESSES OF THE OFFICERS: (x BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Mary Jackson Street Address 23 Greene St. Unit E City State Warren Regina Merlino Street Address 23 Greene St. Unit B Street Address		
President Name Mary Jackson Street Address 23 Greene St. Unit E City Warren State President Name NONE Street Address City State City State Zip Street Address Street Address Street Address Street Address State Zip State Zip Street Address City State Zip City City		
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Street Address 23 Greene St. Unit E City Warron State Zip City State Zip Secretary Name Region Merlino Street Address Treasurer Name Sarah Hemond Street Address Street		
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23 Greene St. Unit B		
Warren K) 02885 Warren 1248	5	
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	
Director Name Director Name	~	
Mary Jackson None 5	: 1	
Street Address Street Address		
City State Zip City State Zip		
Beging Meding Director Name Sarah Hemond 5		
Street Address Same as above Same as above		
City State Zip City 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		

FII FD"	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.
File Date	Man 7. HOKEM 6/2/201
Check No. 1 JUN 0 6 2011	Signature of Officer Date MACU N. JACKSON
By: U 145796	Print or Type Name of Officer PCesicer
A SPECKETARY OF STATE IN LINE	Title of Officer