

State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

LOGOUT |

Fee: \$20.00

Non-Profit Corporation Annual Report

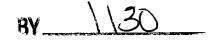
Filing Period: June 1 - June 30

(2) Help with this form

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.

ANNUAL REPO	RT YEAR: 2011
1. Corporate ID	O No. 000031321
2. Name of Cor	rporation ROYAL RIDGE CONDOMINIUM, INC.
3. State of Inco	orporation
State: <u>RI</u>	
4. Corporate Ad	Idress in Rhode Island
No. and Street:	201 HOFFMAN AVENUE UNIT 11
City or Town:	CRANSTON State: RI Zip: 02920 Country: USA
5. Foreign Corp	poration. Enter Principal Office Address
No. and Street:	
City or Town:	State: Zip: Country:
6. Brief Descrip	otion of the Character of the Affairs Which are Actually Conducted in Rhode Island
CONDOMIN	NIUM ASSOCIATION
All officers an Incorporator i THE NUMBER 77- 7-6-23	Addresses of the Officers and Directors: ad directors must be listed. If officers and/or directors have been elected, the title is no longer applicable; please delete OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.

JUN 16 2011



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	SECRET	ARY	ELEANOR ODDO		, , , , , , , , , , , , , , , , , , , ,		FMAN AVENUE N, RI 02920 USA	
	VICE PRES	IDENT	JUDITH CHORNE	1		201 HOF	FMAN AVENUE N, RI 02920 USA	
	PRESID	ENT	DORIS BYRNE	E		201 HOFFI	WAN AVE, UNIT 11 N. RI 02920 USA	_
	DIRECT	OR	AL GATTA			201 HOF	FMAN AVENUE N, RI 02920 USA	
	DIRECT	OR	BETTY MILLER					
	DIRECT	OR	MARIE QUATRINO			201 HOF	FMAN AVENUE N, RI 02920 USA	
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Address:			City:	<u></u>	ate:	Zip:	Country:	Ī
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9. This r	eport must l	oe signed l	N AVENUE CRANSTO		.	ent, Secretai	ry, Assistant	
	Name:		ddress and email.)	, , , , , , , , , , , , , , , , , , ,		·- <u>-</u>		
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By Doris f				
Signatu	are of Officer of the Corporation			
☐ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or				
□ Tre	asurer or Receiver or Trustee (check one)			
	By selecting ACCEPT you hereby acknowledge that this electronic document is submitted in compliance with R.I. Gen. Laws § 7-6. You hereby agree that any legal issues or causes of action arising from the submission of this filing			
	○ Accept ○ Decline			
	Click HERE to Submit This Information			
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