

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 2011

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.

Permity Jan by +25.000.							
1. Corporate ID No.	2. Name of Con	-					
000162363	RENAISSA	ANCE COURT CONDO	MINIUMS HOMEOWNERS ASS	OCIATION, INC.			
3. State of Incorporation	4. Corporate ad	ddress in Rhode Island - Street	Address	City	Zip		
Rhode Island	P.O. Box 1	114351		North Providence	02911		
5. Foreign corporation. Ente	r principal office addr	ess	City	State	Zip		
6. Brief Description of the char	acter of the affairs whi	ich are actually conducted in k	Phode Island		····		
Management of all affai	irs of Renaissand	e Court Condominiums					
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7. NAMES AND ADDRE	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPACE	S BEFORE USING ATTACH	MENTS		
President Name			Vice President Name				
Ronald LaRocca			Michael Verzino	Michael Verzino			
Street Address	Street Address			Street Address			
67 Cedar Street			2 Sampson Avenue,	Unit C			
City	State	Zip	City	State	Zip		
Providence	RI	02903	North Providence	RI	02911		
Secretary Name			Treasurer Name				
Michael Verzino	Michael Verzino			Craig Quish			
Street Address			Street Address	Street Address			
2 Sampson Avenue,	Unit C		2 Sampson Avenue, Unit D				
City	State	Zip	City	State	Zφ		
North Providence	RI	02911	North Providence	RI	02911		
8. NAMES AND ADDRE	sses of the di	RECTORS: ("X" BOX FOR	<i>attachment</i>) 🗍 Fill in Spaci	es before using attack	IMENTS		
THE NUMBER OF DIR	ECTORS OF A DO	OMESTIC (RHODE ISLA	ND) CORPORATION SHALL NO	OT BE LESS THAN THREE	(3). R.I.G.L. 7-6-23		
Director Name			Director Name				
Ronald LaRocca			Michael Verzino	Michael Verzino			
Street Address			Street Address				
67 Cedar Street			2 Sampson Avenue, Unit C				
City	State	Zip	City	State	Zip		
Providence	RI	02911	North Providence	RI	02911		
Director Name			Director Name		·		
Craig Quish							
Street Address	<u></u>	.=	Street Address				
2 Sampson Avenue,	Unit D				~ 1		
City	State	Zip	City	State	ZID.		
North Providence	RI	02911	I		1.17		
9. REGISTERED AGENT	and the second s	•			JU AND		
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This information is curren	ntly of record in th	ne Office of the Secretary	of State. Changes require filing of I	Form 641 - R.I.G.L. 7-6-13/7-	-6- 78		
This report i	must be signed by	either the President Vic	ce President, Secretary, Assistant	Secretary Treasurer Receiv	ver or Trustee		
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File Date	FILED
Check No.	JUN 29 2011
Ву:	a-147503
BY	OB SECOPETA DV OF GDATE HER ONEM

Under penalty of perjury, I declare and affirm that I have ex	amined	th
report, including any accompanying schedules and statements.	and that	a
statements contained herein are true and correct.	/	/

Signature of Officer Ronald LaRocca

Print or Type Name of Officer

President Title of Officer