

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.

1. Corporate ID No.	2. Name of Corporation		. -		<u></u>	
000164763	Fifty-Eight Sutton Place Condominium Association, Inc.					
3. State of Incorporation	4. Corporate address in	Rhode Island - Street Addre	23	City	Zip	
RI	58 Sutton S	treet		Providence	02903	
5. Foreign corporation. Enter prin	cipal office address		City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isl			Island			
Six unit condominium complex						
		_				
	OF THE OFFICERS	S: ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES I	BEFORE USING ATTAC	CHMENTS	
President Name Thomas P. Carter			Vice President Name Shannon Dern			
Street Address			Street Address			
58 Sutton Street, Unit 4			58 Sutton Street, Unit 6			
City Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903	
Secretary Name			Treasurer Name			
Shannon Dern			Thomas P. Carter			
Street Address 58 Sutton Street, Unit 6			Street Address			
City	State	Zip	City 38 Sutton	Street, Unit 4		
Providence	RI	02903	Providence	RI	^{Zip} 02903	
8. NAMES AND ADDRESSES			ACHMENT) TILL IN SPACES	BEFORE USING ATTA	CHMENTS	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-						
Director Name Corey Young			Director Name			
58 Sutton Street, Unit 2			Street Address			
City Providence	State RI	^{Zip} 02903	City	State	Zip	
Director Name Thomas P. Carter			Director Name Shannon Dern			
Street Address 5.9 C. A.A. C.			Street Address			
58 Sutton Street, Unit 4 City State Zip			58 Sutton Street, Unit 6			
Providence	State RI	^{Ζiρ} 02903	Providence	State RI	^{Zip} 02903	
9. REGISTERED AGENT IN		1	•	l	¹ 20	
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 replies President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee						
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		\mathcal{U}	Under penalty of perj	ury, I declare and affirm	that I have examined this	
report, including any accompanying schedules and statements, and that all						
ET D			statements contained herein are true and/correct.			
File Date Signature of Officer						
Check No.			Signature of Officer Date			
			1 homas	Thomas P. Carter Print or Type Name of Officer		
Ву:			^ 1	1		
FOR SECRETARY OF STATE USE ONLY			Title of Officer	1/		