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 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: June 1 - June 30 ● Filing Fee: $20.00 *

** 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		
129790	850 North Main Street Condominium Association		
3. State of Incorporation	4. Corporate address in Rhode Island -Street Address	City	Zip
RHODE ISLAND	845 NORTH MAIN STREET	PROVIDENCE	02904-
5. Foreign corporation: Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

TO ACT AS CONDOMINIUM ASSOCIATION

7. NAMES AND ADDRESSES OF THE PRESIDENT, VICE PRESIDENT, SECRETARY AND TREASURER ☐ CHECK HERE IF USING ATTACHMENT

President Name			Vice President Name		
Gina Welch			Dr. Frederick Godley		
Street Address			Street Address		
845 North Main Street			845 North Main Street		
City	State	Zip	City	State	Zip
Providence	RI	02904	Providence	RI	02904
Secretary Name			**Treasurer Name**		
Dr. Kelvin Gillman			Christine Conti		
Street Address			Street Address		
845 North Main Street			845 North Main Street		
City	State	Zip	City	State	Zip
Providence	RI	02904	Providence	RI	02904

8. NAMES AND ADDRESSES OF THE DIRECTORS (AT LEAST ONE DIRECTOR) ☐ CHECK HERE IF USING ATTACHMENT
THE NUMBER OF DIRECTORS OF A DOMESTIC [illegible] SHALL NOT BE LESS THAN THREE (R.I.G.L. 7-6-3)

Director Name			Director Name		
Dr. Jennifer Sarkas			William DiChristina		
Street Address			Street Address		
845 North Main Street			895 North Main Street		
City	State	Zip	City	State	Zip
Providence	RI	02904	Providence	RI	02904
Director Name			Director Name		
Dr RAYMOND WELCH			Dr. Paul Christu		
Street Address			Street Address		
845. NORTH MAIN ST			895 N. Main St		
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02904	Providence	RI	02904

Agent Name	Address
Richard S. Mittleman, Esquire	Cameron & Mittleman LLP
Address	**City** / **Zip**
301 Promenade Street	Providence 02908

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] 1 2 9 7 9 0 [redacted]

FILED
129790 DNP 06/26/05 04:15:07 PM
File Date JUL 01 2011
Check No. 1299
BY
By:
FOR SECRETARY OF STATE USE ONLY

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.

Gina C Welch 6/10/2011
Signature of Officer *Date*

GINA C. WELCH
Print or Type Name of Officer

[redacted] PRESIDENT
Title of Officer

Form 631 Rev. 12/05