RI SOS Filing Number: 201292896720 Date: 05/18/2012 4:00 PM

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation		
70462	**The Village at Indian Lake Condominium Association**		
3. State of Incorporation: **Rhode Island**	4. Corporate Address in RI - Street Address: **251 Big Water Rd**	City: **Wakefield, RI**	Zip: **02879**
5. Foreign corporation. Enter principal office address	City	State	Zip
6. Brief description of the character of business conducted in Rhode Island: **Administering the Condominium, Establishing the means and method of collection assignments and charges**			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: **Kathy Rubinstein**			Vice-President Name: **Robert Moran**		
Street Address: **61 Little Woods Path**			Street Address: **3 Brushwood Dr.**		
City: **Wakefield**	State: **RI**	Zip: **02879**	City: **Lincoln**	State: **RI**	Zip: **02879**
Secretary Name: **Patricia Aschaffenburg**			Treasurer Name: **Claire McLaughlin**		
Street Address: **283 Big Water Rd**			Street Address: **251 Big Water Rd**		
City: **Wakefield**	State: **RI**	Zip: **02879**	City: **Wakefield**	State: **RI**	Zip: **02879**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name: **Susan Rogala**			Director Name: **Kathy Rubinstein**		
Street Address: **271 Big Water Rd.**			Street Address: **61 Little Wodds Path**		
City: **Wakefield**	State: **RI**	Zip: **02879**	City: **Wakefield**	State: **RI**	Zip: **02879**
Director Name: **Patricia Aschaffenburg**			Director Name: **Claire McLaughlin**		
Street Address: **283 Big Water Rd**			Street Address: **251 Big Water Rd.**		
City: **Wakefield**	State: **RI**	Zip: **02879**	City: **Wakefield**	State: **RI**	Zip: **02879**

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY FILED

MAY 18 2012

By mnc

CK # 484

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.

Claire V. McLaughlin 5/16/2012
Signature of Officer — Date

Claire V. McLaughlin
Print or Type Name of Officer

Treasurer
Title of Officer

Form No. 631
Revised: 01/2012

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