



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. 29903		2. Exact name of the Corporation The Plantations Condominium Association, Inc.			
3. State of Incorporation RI		4. Corporate Address in RI - Street Address P.O. Box 20342		City Cranston	Zip 02920
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island Residential Condominium					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Benjamin Lovesky			Vice-President Name Virginia Burke		
Street Address 274 South Main St., Unit 30			Street Address 392 South Main St., Unit 65		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Carlene DelNero (Asst. Secretary)			Treasurer Name Andrew Brown		
Street Address P.O. Box 20342			Street Address 274 South Main St., Unit 28		
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Benjamin Lovesky			Director Name Virginia Burke		
Street Address 274 South Main St. Unit 30			Street Address 392 South Main St., Unit 65		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Andrew Brown			Director Name		
Street Address 274 South Main St., Unit 28			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
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 21 2012

By *mnc*

CA # 1739

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.

Carlene DelNero 5-11-12
Signature of Officer Date

Carlene DelNero

Print or Type Name of Officer

Assistant Secretary

Title of Officer