

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/business

Filing Period: June 1 - June 30 · This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAIL	URE TO FILE THIS REPORT BY JU	LY 30 WILL RESULT IN A \$25.00 PENALTY FEE.	
1. Entity ID No.	2. Exact name of the Corporation		
65119	Friars Green	Condominium Association, Inc	
3. State of Incorporation	4. Brief description of the character of bu	siness conducted in Rhode Island	
RI		airs of Friars Green Association	
5. Principal office address 15H Bear H	11 Road	Camberland State I Zip 0286 4	
6. LIST ALL OFFICERS (NAMES	AND ADDRESSES) ("X" BOX FOR AT		
Charlene O'Brien		Vice-President Name MSA O'Brien	
154 Bear HII Rd #308		Street Address 154 Bear Hill Rd #1406	
City Cumberland State RI D2864		City Cumberland State RT 21p 02864	
Secretary Name Toanne Stanley		DAVI'd Shepard	
Street Address Bean HII Rd #808		Street Address Bear HII Rd #1706	
Cumberland	State Zip Od 864	Cumberland State RI Zip 02864	
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) [X]			
Charlene O'	Brien	Director Name LISA OBrien	
154 Bear H	11 Rd #308	Street Address 154 Bear 1511 Rd #1406	
citum berland	State RF 2ip 02864	Cumberland State 7 Zip 02869	
Director Name Joanne Stanley,		Bould Shepard	
Street Address 154 Bear H	11 Rd # 808	Street Address Bear HIIRd # 1706	
city Cumberlan	State Zip Od 864	Cumberland State I Zipod864	
8. REGISTERED AGENT IN RHODE ISLAND Afforney Joseph Ranch			
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			
	en en		

3. REGISTERED AGENT IN RHODE ISLAND	Attorney	Joseph Rahab
This information is currently of record in the	e Office of the Secretary of	State. Changes require filing Form 641.
This report must be signed by eithe	r the President, Vice-Preside	nt, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee
File Date Check No By: FOR SECRETARY OF STATE USE ONLY orm No. 631	FILED TJUN 19 2012 1256	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. Signature of Officer Print or Type Name of Officer President

Michael Sallivan 154 Bear Hill Rd # 405 Cumberland, RI 02864

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