

State

RI

State

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9. REGISTERED AGENT IN RHODE ISLAND

7.40

Zib

02818

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penalty fee of \$25.00.

East Greenwich

20 Ivy Garden Way

**East Greenwich** 

Director Name

Bill Henry Street Address

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 2012

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

1. Corporate ID No. 2. Name of Corporation 114867 East Greenwich Preserve Condo MI N. V. M. ASSOCIATION 3. State of Incorporation 4. Corporate address in Rhode Island - Street Address Zib RI 181 Knight St Warwick 02886 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 Manage the affairs of the condominium association 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Kathleen Shea Tom Hichar Street Address Street Address 140 Sanctuary Dr 260 Sanctuary Dr State Z, pState RΙ East Greenwich 02818 RI **East Greenwich** 02818 Secretary Name Treasurer Name Bill Henry Street Address Street Address 20 Ivy Garden Way City State  $Z_{iD}$ State Ζip East Greenwich RI 02818 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23 Director Name Director Name Kathleen Shea Tom Hichar Street Address Street Address 140 Sanctuary Dr 260 Sanctuary Dr

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

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

City

**East Greenwich** 

Director Name

Street Address

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·····		_ <b>FILE</b> D	Under penalty of perjury, I declare and affirm that I have examined the report, including any accompanying schedules and statements, and that a		
File Date		JUN 1 9 2012	statements contained herein are true and o	6/1/12	
Check No.	BY	518/35	Signature of Officer  Kathleen Shea	Date	
Bv:			Print or Type Name of Officer		
FOR SE	CRETARY OF STATE USE ONLY		President		
	***************************************	_	Title of Officer	Form 631 Pay 60/17	