



**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

# 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. <b>68558</b>		2. Exact name of the Corporation <b>MORNINGSIDE CONDOMINIUM ASSOCIATION</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>ADMINISTRATION, OPERATION, MANAGEMENT, MAINTENANCE, PRESERVATION OF THE MORNINGSIDE CONDOMINIUM ASSOCIATION</b>			
5. Principal office address <b>21-I APACHE DRIVE</b>		City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	
President Name <b>LEONARD KAMINSKI</b>		Vice-President Name <b>ERIC KOPF</b>			
Street Address <b>42 HAPPY VALLEY ROAD</b>		Street Address <b>11J APACHE DRIVE</b>			
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>ELIZABETH KETTLEY</b>		Treasurer Name <b>JAMES BASTOW</b>			
Street Address <b>12E APACHE DRIVE</b>		Street Address <b>165 HOLLAND STREET, UNIT 25</b>			
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02920</b>
7. LIST ALL DIRECTORS (NAME AND ADDRESS). MAKE AN ENTRY FOR EACH DIRECTOR WHO IS NOT MORE THAN THREE (3) DIRECTORS (* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>LEONARD KAMINSKI</b>		Director Name <b>KATHLEEN METHOT</b>			
Street Address <b>42 HAPPY VALLEY ROAD</b>		Street Address <b>46 PINEBROOK DRIVE</b>			
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>BELCHERTOWN</b>	State <b>MA</b>	Zip <b>01007</b>
Director Name <b>AARON FOBERG</b>		Director Name <b>JENNIFER M. REYNOLDS</b>			
Street Address <b>16 JUNIPER DRIVE</b>		Street Address <b>22E APACHE DRIVE</b>			
City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>WESTERLY</b>	State <b>RI</b>	Zip <b>02891</b>
8. REQUIRED SIGNATURE OF OFFICER					
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**

JUN 21 2012

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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.

*James Bastow* 06/19/2012  
 Signature of Officer Date

**JAMES BASTOW**  
 Print or Type Name of Officer

**TREASURER**  
 Title of Officer