



**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 SURE THE LISTING DOES NOT EXCEED MORE THAN THREE (3) DIRECTORS ("X" 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 AREA BY STATE OF RI					
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*

**FILED**

JUN 21 2012

2134

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

File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE ONLY