



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. 75470		2. Exact name of the Corporation 8-12 BLACKSTONE BOULEVARD CONDOMINIUM ASSOCIATION INC			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Residential Condominium Association			
5. Principal office address 8 Blackstone Boulevard, Unit 2		City Providence	State RI	Zip 02906	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOE STYBORSKI			Vice-President Name Harrison Poon		
Street Address 8 Blackstone Boulevard, Unit 10			Street Address One West Exchange Street Unit 2502		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02903
Secretary Name Barbara Crawford			Treasurer Name P.J. Prokop		
Street Address 16 Esek Hopkins Lane			Street Address 8 Blackstone Boulevard, Unit 2		
City Cumberland	State RI	Zip 02864	City Providence	State RI	Zip 02906
7. 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 Martini Ettin			Director Name Dana Bernstein		
Street Address 514 Blackstone Boulevard			Street Address 12 Blackstone Boulevard, Unit 11		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Angela Diosa			Director Name Heather Tripp		
Street Address 12 Blackstone Boulevard, Unit 8			Street Address 12 Blackstone Boulevard, Unit 4		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. 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

FILED

JUN 21 2012

File Date _____ By AMC
 Check No Ch # 1331
 By: _____

FOR SECRETARY OF STATE USE ONLY

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.

P.J. Prokop 6-20-12
 Signature of Officer Date
P.J. PROKOP
 Print or Type Name of Officer
Treasurer
 Title of Officer