



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. 43412		2. Exact name of the Corporation The Borden-Carey Building Condominium Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island A RI non-profit corporation, all members of which are the unit owners of the property			
5. Principal office address 11 Friendship Street		City Newport	State RI	Zip 02840	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name August B. Cordeiro			Vice-President Name NONE		
Street Address 11 Friendship St.			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name NONE			Treasurer Name Frank J. Byrne, Treasurer		
Street Address			Street Address 11 Friendship St.		
City	State	Zip	City Newport	State RI	Zip 02840
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 August B. Cordeiro			Director Name Jody Bishop		
Street Address 11 Friendship St.			Street Address 34 Parsonage St.		
City Newport	State RI	Zip 02840	City Providence	State RI	Zip 02903
Director Name Frank J. Byrne			Director Name		
Street Address 11 Friendship St.			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
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

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.

By *August B. Cordeiro*

6/11/12

OK # 130041278

Signature of Officer

Date

August B. Cordeiro

Print or Type Name of Officer

President and Chief Executive Officer

Title of Officer

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY