RI SOS Filing Number: 201294431550 Date: 06/29/2012 4:00 PM

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.	2. Exact name of the Corporation
119245	Melrose Place Owners Association, Inc.
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Owners Association of Melrose Place Condominiums

5. Principal office address	City	State	Zip
C/O Vincent Viola, 37 Main St., Suite 1	E. Greenwich	RI	02818

. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Vincent Viola			Mary Salvadore Goddison		
Street Address			Street Address		
37 Main St., Suite 1			17 King Phillip Road		
City	State	Zip	City	State	Zip
E. Greenwich	RI	02818	Narragansett	RI	02882
Secretary Name			Treasurer Name		
John Butler			Mary Salvadore Goddison		
Street Address			Street Address		
314 Howland Road			17 King Phillip Road		
City	State	Zip	City	State	Zip
E. Greenwich	RI	02818	Narragansett	RI	02882

. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Vincent Viola			Mary Salvadore Goddison		
Street Address			Street Address		
37 Main St., Suite 1			17 King Phillip Road		
City	State	Zip	City	State	Zip
E. Greenwich	RI	02818	Narragansett	RI	02882
Director Name			Director Name		
Frederick Hobby					
Street Address			Street Address		
151 Land & Sea Drive					
City	State	Zip	City	State	Zip
Wakefield	RI	02879			

. 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 29 2012
By mmc

File Date ____
Check No ____ CK #1592
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.

[signature] 6/21/12
Signature of Officer Date

Vincent Viola
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 05/2012
80483-20-766881