



**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. 279323		2. Exact name of the Corporation Atrium Condominiums at the Quarry, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Condominium association, and all related purposes as allowed by law.			
5. Principal office address 114-116 Granite Street		City Westerly	State RI	Zip 02891	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
President Name Leon Reich, M.D.			Vice-President Name		
Street Address 114-116 Granite Street			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name Rubin Schron			Treasurer Name Peter Hoffman		
Street Address 114-116 Granite Street			Street Address 114-116 Granite Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
<b>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"/></b>					
Director Name Leon Reich			Director Name Peter Hoffman		
Street Address 114-116 Granite Street			Street Address 114-116 Granite Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Rubin Schron			Director Name		
Street Address 114-116 Granite Street			Street Address 114-116 Granite Street		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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**

File Date

JUL 13 2012

Check No

By:

By: *[Signature]*

FOR SECRETARY OF STATE USE ONLY

CL# 4859

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]* 7/5/12  
 Signature of Officer Date

Leon Reich, M.D.

Print or Type Name of Officer

President

Title of Officer