



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. 161244		2. Exact name of the Corporation Catherine Place Condominium Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Condominium Association			
5. Principal office address 443 Hope Street		City Bristol	State RI	Zip 02809	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Deborah Shears		Vice-President Name NONE			
Street Address 25 Catherine Street, Unit 5B		Street Address			
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Beatrice Grimmitt		Treasurer Name Lynn Marshall			
Street Address 25 Catherine Street, Unit 3B		Street Address 881 Hope Street			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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 Jeff Silvia		Director Name Deborah Shears			
Street Address 23 Catherine Street		Street Address 25 Catherine Street, Unit 5B			
City Bristol	State Ri	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Mary Lou Leitao		Director Name Lynn Marshall			
Street Address 25 Catherine Street, Unit 2A		Street Address 881 Hope Street			
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised: 05/2012

FILED
JUL 16 2012
3975

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.

Lynn Marshall 06/28/12
Signature of Officer Date

Lynn Marshall

Print or Type Name of Officer

Treasurer

Title of Officer