



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.

2013 JAN 15 AM 10:54
SECRETARY OF STATE
CORPORATIONS DIV

| | | | | | |
|---|--------------------|---|---------------------------|---------------------|---------------------|
| 1. Entity ID No. 506764 | | 2. Exact name of the Corporation CARPENTER PLACE CONDOMINIUM ASSOCIATION, INC. | | | |
| 3. State of Incorporation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Condominium Association | | | |
| 5. Principal office address 366 Child Street | | City Warren | State RI | Zip 02885 | |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Richard T. Chaffee | | Vice-President Name Justin Natale | | | |
| Street Address P.O. Box 302 | | Street Address 219 Blackstone Blvd | | | |
| City Warren | State RI | Zip 02885 | City Providence | State RI | Zip 02906 |
| Secretary Name Richard T. Chaffee | | Treasurer Name Richard T. Chaffee | | | |
| Street Address P.O. Box 302 | | Street Address P.O. Box 302 | | | |
| City Warren | State RI | Zip 02885 | City Warren | State RI | Zip 02885 |
| 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 Richard T. Chaffee | | Director Name Justin Natale | | | |
| Street Address P.O. Box 302 | | Street Address 219 Blackstone Blvd | | | |
| City Warren | State RI | Zip 02885 | City Providence | State RI | Zip 02906 |
| Director Name Steve O'Malley | | Director Name | | | |
| Street Address 366 Child Street | | Street Address | | | |
| City Warren | State RI | Zip 02885 | 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

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|---------------------------------|
| File Date |
| Check No |
| By |
| FOR SECRETARY OF STATE USE ONLY |

FILED

JAN 15 2013

BY 107566

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 of Officer

Richard T. Chaffee

Print or Type Name of Officer

President

Title of Officer

Date