



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 13087		2. Exact name of the Corporation Chateau South Tower Condominium Assn. Inc.			
3. Principal office address 200 Hoffman Ave. A404			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-944-7454		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Condominium Assn.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Edward Pelletier			Vice-President Name none		
Street Address 200 Hoffman Ave. A206			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Secretary Name Shirley Mazzatta			Treasurer Name Rose Y. Gergel		
Street Address 200 Hoffman Ave. A403			Street Address 200 Hoffman Ave. A404		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Raymond Creta			Director Name		
Street Address 200 Hoffman Ave. A402			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
Director Name Francine Kaufman			Director Name		
Street Address 200 Hoffman Ave. A101			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			27	CWP	1,000.00

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

FILED

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.

Check No _____

JAN 18 2013

Rose Y. Gergel, Treasurer **01/11/2013**
 Signature of Authorized Representative Date

By: _____

Rose Y. Gergel
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

By *mnc*
CR # 4906