



**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. <b>13087</b>		2. Exact name of the Corporation <b>Chateau South Tower Condominium Assn. Inc.</b>			
3. Principal office address <b>200 Hoffman Ave. A404</b>			City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
4. Business Phone No. <b>401-944-7454</b>		5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Condominium Assn.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Edward Pelletier</b>			Vice-President Name <b>none</b>		
Street Address <b>200 Hoffman Ave. A206</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Secretary Name <b>Shirley Mazzatta</b>			Treasurer Name <b>Rose Y. Gergel</b>		
Street Address <b>200 Hoffman Ave. A403</b>			Street Address <b>200 Hoffman Ave. A404</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Raymond Creta</b>			Director Name		
Street Address <b>200 Hoffman Ave. A402</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	City	State	Zip
Director Name <b>Francine Kaufman</b>			Director Name		
Street Address <b>200 Hoffman Ave. A101</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	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.					

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*