

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 FI	LE THIS REPORT BY M	IARCH 31 WILL RES	ULT IN A \$25.00 PEN	ALTY FEE.		
1. Entity ID No. 551186		2. Exact name of the Corporation Gardens Office Park Condominium Association, Inc.					
3. Principal office address 1300-1305 Division Road		City West Warwick	State RI	Zip 02893			
4. Business Phone No. (401) 274-3600			5. State of Incorporation Rhode Island				
•		s conducted in Rhode Island perty, as well as eng		egal activity			
7. LIST ALL OFFICERS (I	NAMES AND ADDR	RESSES) ("X" BOX FOR A	TTACHMENT)	ng Palata (ang papa ang			
President Name Michael Integlia III			Vice-President Name Michael Perreault				
Street Address 220 South Main Street		Street Address 220 South Main Street					
City Providence	State RI	Zip 02903	City Providence	State RI	^{Zip} 02903		
Secretary Name Michael Integlia, Jr.			Treasurer Name Maria DeQuattro				
Street Address 220 South Main Street			Street Address 220 South Main Street				
City Providence	State RI	Zip 02903	City Providence	State R I	702908		
8. LIST <u>ALL</u> DIRECTORS	(NAMES AND ADI	DRESSES) ("X" BOX FOR		end in the second control of the second cont	5 90%		
Director Name Michael Integlia III			Michael Perreault				
Street Address 220 South Main Street			Street Address 220 South Main Street				
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903		
Director Name Michael Integlia, Jr.	•		Director Name Maria DeQuattre	0			
Street Address 220 South Main Str	eet		Street Address 220 South Main	Street			
City Providence	State RI	Zip 02903	City Providence	State RI	^{Zip} 02903		
9. SHARES AUTHORIZED	主作者等質質有。		10. SHARES ISSUED	("X" BOX FOR ATTAC	(MENT)		
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.			50,000	CLASS/SERIES	PAR VALUE 0.01		
This report must be execu	ted on behalf of the	corporation by an authorize	ad representative. If the o	orporation is in the hand	s of a receiver or trustee,		

this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	2FILED	Under penalty of perjury, I declare and affirm this report, including any accompanying sch and that all statements contained herein are	nedules and statements,
	MAR 2 7 2013	Signature of Authorized Representative	03/25/2013 Date
FOR SECRETARY OF STATE USE ONLY	MAR & 1 2010	Michael Integlia III	
orm No. 630	R193100	Print or Type Name of Authorized Representati	ve

Form No. 630 Revised: 01/2012