



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 2013

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. <u>547321</u>		2. Exact name of the Corporation <u>124 Westminister Condominium Association</u>	
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Condominium Association Management</u>	
5. Principal office address <u>90 Divine Investments 222 Broadway</u>		City <u>PRov.</u>	State <u>RI</u>
		Zip <u>02903</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>David Francis</u>		Vice-President Name <u>Tina Wong</u>	
Street Address <u>25 Ayers Road</u>		Street Address <u>124 Broad Street</u>	
City <u>Westerly</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02891</u>		Zip <u>02860</u>	
Secretary Name		Treasurer Name <u>H. LeBaron Preston</u>	
Street Address		Street Address <u>6 Harrison Street</u>	
City	State	City <u>PRov.</u>	State <u>RI</u>
Zip		Zip <u>02909</u>	
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 <u>David Francis</u>		Director Name <u>Tina Wong</u>	
Street Address <u>25 Ayers Road</u>		Street Address <u>124 Broad Street</u>	
City <u>Westerly</u>	State <u>RI</u>	City <u>Pawtucket</u>	State <u>RI</u>
Zip <u>02891</u>		Zip <u>02860</u>	
Director Name		Director Name <u>H. LeBaron Preston</u>	
Street Address		Street Address <u>6 Harrison Street</u>	
City	State	City <u>PRov.</u>	State <u>RI</u>
Zip		Zip <u>02909</u>	
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

FILED

File Date _____

Check No _____

By: _____

JUN 04 2013

BY 1291

FOR SECRETARY OF STATE USE ONLY

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

5/29/13
Date

Print or Type Name of Officer

Title of Officer