



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. 000073896		2. Exact name of the Corporation Louisquisset Country Club Condominium Association, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Condominiums			
5. Principal office address 1 Overlook Circle		City North Providence		State RI	Zip 02904
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Joseph Cataudella			Vice-President Name Cheryl Hodgon/Bernard Goushakjian		
Street Address 1B Oak Point			Street Address 99D Nipmuc Trail/117A Turnessa Green		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Carol Spizzirri			Treasurer Name Christopher Dunstan		
Street Address 42B Knoll Place			Street Address 76A Valley Green Court		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 04 2013

BY **2798**

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

Date

J.S. CATAUDELLA

Print or Type Name of Officer

PRESIDENT

Title of Officer

Directors

Term Began	Term Ends	Member	Address	Phone	Email
2012	2014	Cheryl Hodgdon	99D Nipmuc Trail North Providence, RI 02904	(401) 749-2967	cheryl.hodgdon@shamrockfinancial.com
2012	2014	Carol Spizirri	42B Knoll Place North Providence, RI 02904	(401) 524-8202	cspizirri@cox.net
2013	2015	Joseph Cataudella	1B Oak Point North Providence, RI 02904	(401) 474-0361	joe@caengineering.com
2013	2015	Christopher Dunstan	76A Valley Green Court North Providence, RI 02904	(401) 256-0646	chris.dunstan@rbscitizens.com
2013	2015	Bernard Goushakjian	117A Turnessa Green North Providence, RI 02904	(401) 258-8360	bernie1422@yahoo.com

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