



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. 69889		2. Exact name of the Corporation London Arms Condominium Association, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Non Profit Condominium Association			
5. Principal office address 94 Cowesett Avenue		City West Warwick		State RI	Zip 02893
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Leo Jones, II		Vice-President Name Jenna O'Donal			
Street Address 94 Cowesett Avenue, Unit 20		Street Address 94 Cowesett Avenue, Unit 19			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Lyndsey Papparella		Treasurer Name Jenna O'Donal			
Street Address 94 Cowesett Avenue, Unit 30		Street Address 94 Cowesett Avenue, Unit 19			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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 Leo Jones, II		Director Name Jenna O'Donal			
Street Address 94 Cowesett Avenue, Unit 20		Street Address 94 Cowesett Avenue, Unit 19			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Lyndsey Papparella		Director Name			
Street Address 94 Cowesett Avenue, Unit 30		Street Address			
City West Warwick	State RI	Zip 02893	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 JUN 04 2013

FILED

BY 2786

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.

Leo E Jones II 5/22/13
Signature of Officer Date
President
Print or Type Name of Officer
LEO E JONES II
Title of Officer