



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 checked="" 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

FILED

JUN 04 2013

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