



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. 39573		2. Exact name of the Corporation 307 Benefit Street Condominium Association Inc.	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Condominium Association Management.	
5. Principal office address 90 Divine Investments 222 Broadway Prov. RI 02903			
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Robert Heim		Vice-President Name Christine Biron	
Street Address 307 Benefit Street		Street Address 307 Benefit Street	
City Prov.	State RI	City Prov	State RI
Zip 02903		Zip 02903	
Secretary Name Michael Brule		Treasurer Name	
Street Address 307 Benefit Street.		Street Address	
City Prov.	State RI	City	State
Zip 02903		Zip	
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 Robert Heim		Director Name Christine Biron	
Street Address 307 Benefit Street		Street Address 307 Benefit Street	
City Prov.	State RI	City Prov	State RI
Zip 02903		Zip 02903	
Director Name Michael Brule		Director Name	
Street Address 307 Benefit Street		Street Address	
City Prov.	State RI	City	State
Zip 02903		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: _____

FILED

JUN 04 2013

BY 1835

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.

Robert Heim 5/29/13
 Signature of Officer Date

Robert Heim
 Print or Type Name of Officer

President.
 Title of Officer