

## State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$20.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

## Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR: 2013** 

1. Corporate ID No. 000156349

2. Name of Corporation Village at Spring Green Condominium Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O OLYMPUS GROUP MANAGEMENT

151 BROADWAY, SUITE 300

City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO FACILIATE THE OPERATION OF THE CONDOMINIUMS IN THE VILLAGE AT SPRING GREEN CONDOMINIUM COMPLEX

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

|  | Title     | Individual Name             | Address                                           |
|--|-----------|-----------------------------|---------------------------------------------------|
|  |           | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country   |
|  | PRESIDENT | LISA SCUNGIO                | 400 NEW RIVER ROAD #103<br>MANVILLE, RI 02838 USA |
|  | TREASURER | LEONARD HARETER             | 400 NEW RIVER ROAD #109                           |

|                 |                     | MANVILLE, RI 02838 USA                            |
|-----------------|---------------------|---------------------------------------------------|
| SECRETARY       | BENJAMIN FAIRCLOUGH | 36 EMILY LANE<br>WARWICK, RI 02886 USA            |
| MEMBER AT LARGE | JOSHUA TIBERIO      | 400 NEW RIVER ROAD #205<br>MANVILLE, RI 02838 USA |
| VICE PRESIDENT  | BENJAMIN LORD       | 400 NEW RIVER ROAD #602<br>MANVILLE, RI 02838 USA |
| DIRECTOR        | BENJAMIN LORD       | 400 NEW RIVER ROAD #602<br>MANVILLE, RI 02838 USA |
| DIRECTOR        | LISA SCUNGIO        | 400 NEW RIVER ROAD #103<br>MANVILLE, RI 02838 USA |
| DIRECTOR        | JOSHUA TIBERIO      | 400 NEW RIVER ROAD #205<br>MANVILLE, RI 02838 USA |
| DIRECTOR        | LEONARD HARETER     | 400 NEW RIVER ROAD #109<br>MANVILLE, RI 02838 USA |
| DIRECTOR        | BENJAMIN FAIRCLOUGH | 36 EMILY LANE<br>WARWICK, RI 02886 USA            |

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

OLYMPUS GROUP MANAGEMENT COMPANY 151 BROADWAY, SUITE 300 PROVIDENCE, RI 02903

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

**Signed this 11 Day of June, 2013 at 2:05:14 PM.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

## By **BENJAMIN LORD**

Signature of Officer of the Corporation

| President or | <u>X</u> Vice President or | Secretary or       | Assistant Secretary or |
|--------------|----------------------------|--------------------|------------------------|
| Treasurer or | Receiver or T              | Trustee (check one | e)                     |

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631 Revised 09/07

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