



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. 135034		2. Exact name of the Corporation AAR 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 Divine Investments 222 Broadway		City PRV.	State RI	Zip 02903	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Thomas Belknap			Vice-President Name Neelam Patel		
Street Address 315 Ballway View			Street Address 16 Altezza		
City Alpharetta	State GA	Zip 30004	City Irvine	State CA	Zip 92606
Secretary Name David Sampson			Treasurer Name		
Street Address 118 Albert Ave.			Street Address		
City Cranston	State RI	Zip 02905	City	State	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 Thomas Belknap			Director Name Neelam Patel		
Street Address 315 Ballway View			Street Address 16 Altezza		
City Alpharetta	State GA	Zip 30004	City Irvine	State CA	Zip 92606
Director Name David Sampson			Director Name		
Street Address 118 Albert Ave.			Street Address		
City Cranston	State RI	Zip 02905	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

FILED

File Date _____

JUN 21 2013

Check No _____

By: _____

By **1109**

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

5/22/13
Date

Thomas Belknap
Print or Type Name of Officer

President
Title of Officer