

**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. 68980	2. Exact name of the Corporation LONDON HOUSE CONDOMINIUM ASSOCIATION, INC.				
3. State of Incorporation RHODE ISLAND	4. Brief description of the character of business conducted in Rhode Island TO OVERSEE THE OPERATION OF THE CONDOMINIUM PROJECT				
5. Principal office address 100 Jefferson Boulevard, Suite 205			City Warwick	State RI	Zip 02888
6. LIST <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Dennis Giannola			Vice-President Name Gene Chaignot		
Street Address 40 Cowesett Avenue, Unit 32			Street Address 40 Cowesett Avenue, Unit 28		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Secretary Name Ariana McNeil			Treasurer Name Gene Chaignot		
Street Address 36 Cowesett Avenue, Unit 8			Street Address 40 Cowesett Avenue, Unit 28		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Dennis Giannola			Director Name Gene Chaignot		
Street Address 40 Cowesett Avenue, Unit 32			Street Address 40 Cowesett Avenue, Unit 28		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Ariana McNeil			Director Name		
Street Address 36 Cowesett Avenue, Unit 8			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 _____

FILED

Check No _____

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.

By: _____

JUL 08 2013
Signature of Officer6/26/13
Date

FOR SECRETARY OF STATE USE ONLY


BY 2071**Dennis Giannola**

Print or Type Name of Officer

President

Title of Officer