



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. 153751		2. Exact name of the Corporation 188 Benefit Street Condominium Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Maintain and manage a condominium association.			
5. Principal office address c/o Jeffrey St. Sauveur, Esq., 450 Veterans Mem. Pkwy, Suite 7A		City East Providence		State RI	Zip 02914
President Name Helen MacDonald		Vice-President Name			
Street Address 188 Benefit Street		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Karen Lustig		Treasurer Name Christopher Marsella			
Street Address 188 Benefit Street		Street Address 188 Benefit Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Helen MacDonald		Director Name Christopher Marsella			
Street Address 188 Benefit Street		Street Address 188 Benefit Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Karen Lustig		Director Name			
Street Address 188 Benefit Street		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip

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

JUL 09 2013

BY CH 201152 Title of Officer

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.

Helen A. MacDonald 7/3/13
Signature of Officer Date

Helen MacDonald
Print or Type Name of Officer
President