



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.

2013 SEP 10 PM 2:07
SECRETARY OF STATE
CORPORATIONS DIV

1. Entity ID No. 158817		2. Exact name of the Corporation Saugatucket Pond Condominium Associates, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Condominium Association			
5. Principal office address 1268/1270 Saugatucket Road		City Wakefield		State RI	Zip 02879
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Donna A. Castle			Vice-President Name Mark L. Moster		
Street Address 1268 Saugatucket Road			Street Address 261 North Latches Lane		
City Wakefield	State RI	Zip 02879	City Merion Station	State PA	Zip 19066
Secretary Name Donna A. Castle			Treasurer Name Marlene R. Moster		
Street Address 1268 Saugatucket Road			Street Address 261 North Latches Lane		
City Wakefield	State RI	Zip 02879	City Merion Station	State PA	Zip 19066
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 Donna A. Castle			Director Name Mark L. Moster		
Street Address 1268 Saugatucket Road			Street Address 261 North Latches Lane		
City Wakefield	State RI	Zip 02879	City Merion Station	State PA	Zip 19066
Director Name Marlene R. Moster			Director Name		
Street Address 261 North Latches lane			Street Address		
City Merion Station	State PA	Zip 19066	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 _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

SEP 10 2013

By **49-205475**

A.A. 2:10 p.m.

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

Mark L. Moster

Print or Type Name of Officer

Vice President

Title of Officer