



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. 506764		2. Exact name of the Corporation CARPENTER PLACE CONDOMINIUM ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island CONDOMINIUM ASSOCIATION			
5. Principal office address 366 Child Street		City Warren	State RI	Zip 02885	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Richard T. Chaffee		Vice-President Name Justin Natale			
Street Address PO Bo 302		Street Address 219 Blackstone Blvd			
City Warren	State RI	Zip 02885	City Providence	State RI	Zip 02906
Secretary Name Richard T. Chaffee		Treasurer Name Richard T. Chaffee			
Street Address PO Box 302		Street Address Po Box 302			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
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 Richard T. Chaffee		Director Name Justin Natale			
Street Address PO Box 302		Street Address 219 Blackstone Blvd			
City Warren	State RI	Zip 02885	City Providence	State RI	Zip 02906
Director Name Steve O'Malley		Director Name			
Street Address 366 Child Street		Street Address			
City Warren	State RI	Zip 02885	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

Check No

By:

FOR SECRETARY OF STATE USE ONLY

NOV 25 2013

BY

CR 211619

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

Richard T. Chaffee

Print or Type Name of Officer

President

Title of Officer

10/24/13
Date