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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation			
145522	Jefferson Professional Condominiums Association			
3. Principal office address: 222 Jefferson Blvd		City: Warwick	State: RI	Zip: 02888
4. Business Phone No.		5. State of Incorporation: Rhode Island		
6. Brief description of the character of business conducted in Rhode Island: Condominium Management				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: Melvin Hanzel			Vice-President Name		
Street Address: 222 Jefferson Blvd			Street Address		
City: Warwick	State: RI	Zip: 02888	City	State	Zip
Secretary Name: Maureen Hobson			Treasurer Name: Dolores B. Yannon		
Street Address: 222 Jefferson Blvd			Street Address: 125 Wayland Ave.		
City: Warwick	State: RI	Zip: 02888	City: Providence	State: RI	Zip: 02906

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: Melvin Hanzel			Director Name: David Campanella		
Street Address: 222 Jefferson Blvd			Street Address: 222 Jefferson Blvd		
City: Warwick	State: RI	Zip: 02888	City: Wariwck	State: RI	Zip: 02888
Director Name: Maureen Hobson			Director Name		
Street Address: 222 Jefferson Blvd			Street Address		
City: Warwick	State: RI	Zip: 02888	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.	None	N/A	N/A
	None	N/A	N/A

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Dolores B. Yannon 2/27/14
Signature of Authorized Representative — Date

DOLORES B. YANNON
Print or Type Name of Authorized Representative

File Date
Check No
By:
FOR SECRETARY OF STATE USE ONLY

FILED
MAR 0 3 2014
1694

Form No. 630
Revised: 01/2012
103518-27-947625