



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 56096		2. Exact name of the Corporation GOVERNOR'S HILL CONDOMINIUM ASSOCIATION, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island ADMINISTRATION REGULATING USE AND OPERATION OR MAINTAINING, CONTROLLING, REGULATION, OWNERSHIP TRANSFER, LEASING OF AFORESAID PROPERTY			
5. Principal office address 100 JEFFERSON BOULEVARD, SUITE 205		City WARWICK		State RI	Zip 02888
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Vincent Capece		Vice-President Name			
Street Address 58 Governor's Hill Drive		Street Address			
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name Linda Goldman		Treasurer Name Vincent Capece			
Street Address 66 Governor's Hill Drive		Street Address 58 Governor's Hill Drive			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Vincent Capece		Director Name Linda Goldman			
Street Address 58 Governor's Hill Drive		Street Address 66 Governor's Hill Drive			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
Director Name Pauline Minuto		Director Name Joanne Dube			
Street Address 40 Governor's Hill Drive		Street Address 86 Governor's Hill Drive			
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

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FILED

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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 or Authorized Representative VJ Capece Date 4-30-14

Print or Type Name of Officer or Authorized Representative
VINCENT J. CAPECE