



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.

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|---|----------------------|--|-------------------------|---------------------|---------------------|
| 1. Entity ID No. <u>123133</u> | | 2. Exact name of the Corporation <u>Two Thomas St. Owner's Association, Inc</u> | | | |
| 3. State of Incorporation <u>R.I.</u> | | 4. Brief description of the character of business conducted in Rhode Island <u>conducting the business of an owner's Association of Two Thomas St. condos</u> | | | |
| 5. Principal office address <u>Two Thomas St. Unit 200</u> | | City <u>Providence</u> | State <u>R.I.</u> | Zip <u>02903</u> | |
| 6. OFFICERS (NAMES AND ADDRESSES) (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name <u>DANIEL BAUDOUIN</u> | | Vice-President Name <u>Peter Steingarten</u> | | | |
| Street Address <u>Two Thomas St. Unit 200</u> | | Street Address <u>Two Thomas St. Unit 300</u> | | | |
| City <u>Providence</u> | State <u>R.I.</u> | Zip <u>02903</u> | City <u>Prov. RI</u> | State <u>RI</u> | Zip <u>02903</u> |
| Secretary Name <u>MARIE RETHEV</u> | | Treasurer Name <u></u> | | | |
| Street Address <u>Two Thomas St. Unit 400</u> | | Street Address <u></u> | | | |
| City <u>Prov.</u> | State <u>RI</u> | Zip <u>02903</u> | City <u></u> | State <u></u> | Zip <u></u> |
| 7. ALL DIRECTORS (NAMES AND ADDRESSES) (RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE DIRECTORS) (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name <u>DANIEL BAUDOUIN</u> | | Director Name <u>Peter Steingarten</u> | | | |
| Street Address <u>Two Thomas St. Unit 200</u> | | Street Address <u>Two Thomas St. Unit 300</u> | | | |
| City <u>Prov.</u> | State <u>R.I.</u> | Zip <u>02903</u> | City <u>Prov.</u> | State <u>RI</u> | Zip <u>02903</u> |
| Director Name <u>MARIE RETHEV</u> | | Director Name <u></u> | | | |
| Street Address <u>Two Thomas St. Unit 400</u> | | Street Address <u></u> | | | |
| City <u>Providence</u> | State <u>R.I.</u> | Zip <u>02903</u> | City <u></u> | State <u></u> | Zip <u></u> |
| 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

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BY 2745

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

Date

DANIEL BAUDOUIN
Print or Type Name of Officer or Authorized Representative