



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. 129790		2. Exact name of the Corporation 850 North Main Street Condominium Association			
3. State of Incorporation Rhode Island		4. Corporate Address in RI - Street Address 845 North Main Street		City Providence	Zip 02904
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island TO ACT AS CONDOMINIUM ASSOCIATION					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Gina C. Welch			Vice-President Name Dr. Frederick Godley		
Street Address 845 North Main Street			Street Address 845 North Main Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Secretary Name Dr. Kelvin Gillman			Treasurer Name JORGE ARMESTO, Ph.D.		
Street Address 845 North Main Street			Street Address 845 North Main Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
8. 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 Dr. Jennifer Sarkas			Director Name William DiChristina		
Street Address 845 North Main Street			Street Address 845 North Main Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Director Name Dr. Raymond Welch			Director Name Dr. Paul Christu		
Street Address 845 North Main Street			Street Address 845 North Main Street		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
9. 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 BY _____

FILED

MAY 16 2014

MAY 16 2014

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

GINA C. WELCH

Print or Type Name of Officer

PRESIDENT

Title of Officer

Date

5-7-2014

BY _____