



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. <b>29646</b>		2. Exact name of the Corporation <b>WATERVIEW CONDOMINIUM ASSOCIATION, INC.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate Address in RI - Street Address <b>510 CHILD STREET</b>		City <b>WARREN</b>	Zip <b>02885</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief description of the character of business conducted in Rhode Island <b>DOING BUSINESS OPERATING 91 UNIT CONDOMINIUM COMPLEX</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>ROBERT T. PATTERSON</b>			Vice-President Name <b>NONE</b>		
Street Address <b>510 CHILD STREET UNIT 406 B</b>			Street Address		
City <b>WARREN</b>	State <b>R. I.</b>	Zip <b>02885</b>	City	State	Zip
Secretary Name <b>GINA BORGES</b>			Treasurer Name <b>DEBORAH GIBLIN</b>		
Street Address <b>15 KINNICUTT AVE</b>			Street Address <b>510 CHILD STREET UNIT 106 B</b>		
City <b>WARREN</b>	State <b>R. I.</b>	Zip <b>02885</b>	City <b>WARREN</b>	State <b>R. I.</b>	Zip <b>02885</b>
8. 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 <b>DEBORAH STARCK</b>			Director Name <b>ROBERT SEVIN</b>		
Street Address <b>510 CHILD STREET UNIT 103 B</b>			Street Address <b>510 CHILD STREET UNIT 302 A</b>		
City <b>WARREN</b>	State <b>R. I.</b>	Zip <b>02885</b>	City <b>WARREN</b>	State <b>R. I.</b>	Zip <b>02885</b>
Director Name <b>GINA BORGES</b>			Director Name <b>NONE</b>		
Street Address <b>15 KINNICUTT AVE</b>			Street Address		
City <b>WARREN</b>	State <b>R. I.</b>	Zip <b>02885</b>	City	State	Zip
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

**FILED**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

MAY 23 2014

**0877**

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.

*Robert T. Patterson* 05/07/2014  
 Signature of Officer Date

**ROBERT T. PATTERSON**  
 Print or Type Name of Officer