



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. 700387		2. Exact name of the Corporation BROOKEDGE VILLAGE CONDOMINIUM ASSOCIATION			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island CONDOMINIUM ASSOCIATION			
5. Principal office address 133 OLD TOWER HILL ROAD, STE. 1		City WAKEFIELD	State RI	Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name PAUL E. FINN		Vice-President Name WILLIAM E. STONE			
Street Address 31 PELHAM ROAD		Street Address 31 PELHAM ROAD			
City SALEM	State NH	Zip 03079	City SALEM	State NH	Zip 03079
Secretary Name PAUL F. SURPRENANT		Treasurer Name KEITH P. LANDRY			
Street Address 31 PELHAM ROAD		Street Address 31 PELHAM ROAD			
City SALEM	State NH	Zip 03079	City SALEM	State NH	Zip 03079
7. 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 ANTHONY J. DELUCA		Director Name PAUL E. FINN			
Street Address 31 PELHAM ROAD		Street Address 31 PELHAM ROAD			
City SALEM	State NH	Zip 03079	City SALEM	State NH	Zip 03079
Director Name KEITH P. LANDRY		Director Name			
Street Address 31 PELHAM ROAD		Street Address			
City SALEM	State NH	Zip 03079	City	State	Zip
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 _____

FILED

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.

Check No _____

MAY 23 2014

By: _____

Signature of Officer or Authorized Representative

Date

FOR SECRETARY OF STATE USE BY _____

343301

KEITH P. LANDRY, TREASURER

Print or Type Name of Officer or Authorized Representative