



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. 519239		2. Exact name of the Corporation Seabury Condominium Association, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association.			
5. Principal office address 181 Knight Street		City Warwick		State RI	Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Erin Cahalan		Vice-President Name Kathleen McGovern			
Street Address 4162 Post Road, #12		Street Address 4162 Post Road, #7			
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
Secretary Name Chris Williston		Treasurer Name			
Street Address 4162 Post Road, #8		Street Address			
City Warwick	State RI	Zip 02818	City	State	Zip
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 Erin Cahalan		Director Name Kathleen McGovern			
Street Address 4162 Post Road, #12		Street Address 4162 Post Road, #7			
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
Director Name Chris Williston		Director Name			
Street Address 4162 Post Road, #8		Street Address			
City Warwick	State RI	Zip 02818	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 _____
Check No. _____
By _____
FOR SECRETARY OF STATE USE ONLY

FILED

JUN 17 2014

BY 530219

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.

 5/20/14
Signature of Officer or Authorized Representative Date

Erin Cahalan, President

Print or Type Name of Officer or Authorized Representative