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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.	2. Exact name of the Corporation
485955	**Waterplace I Condominium Association**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**Condominium**

5. Principal office address	City	State	Zip
200 Exchange Street	**Providence**	**RI**	**02903**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Lynn Burke					
Street Address			Street Address		
1270 Soldiers Field Road					
City	State	Zip	City	State	Zip
Boston	**MA**	**02135**			
Secretary Name			Treasurer Name		
Carolyn DAgostino			**Melvin Alperin**		
Street Address			Street Address		
100 Exchange Street Unit 1003			**200 Exchange Street Unit 1411**		
City	State	Zip	City	State	Zip
Providence	**RI**	**02903**	**Providence**	**RI**	**02903**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Lynn Burke			**Melvin Alperin**		
Street Address			Street Address		
1270 Soldiers Field Road			**200 Exchange Street 1411**		
City	State	Zip	City	State	Zip
Boston	**MA**	**02135**	**Providence**	**RI**	**02903**
Director Name			Director Name		
Carolyn DAgostino					
Street Address			Street Address		
100 Exchange Street Unit 1003					
City	State	Zip	City	State	Zip
Providence	**RI**	**02903**			

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
Check No: JUN 03 2014
By: 000145
BY
FOR SECRETARY OF STATE USE ONLY

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.

Kim Brauer 5/29/2014
Signature of Officer or Authorized Representative Date

By TDG Management Inc as ~~its~~ agent for Waterplace I Condominium
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
107193-1-961925