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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
795763	**100 Metro Center Blvd Condominium Association**
3. State of Incorporation **RI**	4. Brief description of the character of business conducted in Rhode Island **to pay bills for the upkeep and maintenance of 100 Metro Center Blvd Warwick RI**

5. Principal office address	City	State	Zip
100 Metro Center Blvd	**Warwick**	**RI**	**02886**

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

President Name	Vice-President Name
Paul Morse	**Mark Soderstrom**
Street Address **100 Metro Center Blvd**	Street Address **100 Metro Center Blvd**
City / State / Zip **Warwick / RI / 02886**	City / State / Zip **Warwick / RI / 02886**
Secretary Name	Treasurer Name **Donna Pettis**
Street Address	Street Address **100 Metro Center Blvd**
City / State / Zip	City / State / Zip **Warwick / RI / 02886**

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
Paul Morse	**Mark Soderstrom**
Street Address **100 Metro Center Blvd**	Street Address **100 Metro Center Blvd**
City / State / Zip **Warwick / RI / 02886**	City / State / Zip **Warwick / RI / 02886**
Director Name **Donna Pettis**	Director Name
Street Address **100 Metro Center Blvd**	Street Address
City / State / Zip **Warwick / RI / 02886**	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

FILED
JUN 17 2014
1930

File Date _____
Check No _____ **BY** _____
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.

Donna Pettis 6-16-14
Signature of Officer or Authorized Representative Date

Donna Pettis, Treasurer
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
108298-2-976152