RI SOS Filing Number: 201441915830 Date: 06/25/2014 4:00 PM

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
57796	**Rose Garden Condominium Association, Inc.**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**Manage the affairs of the condominium association.**

5. Principal office address	City	State	Zip
181 Knight Street	**Warwick**	**RI**	**02886**

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

President Name	Vice-President Name
Camille Cataldo	
Street Address: **404 Post Road, #7**	Street Address:
City: **Warwick** State: **RI** Zip: **02888**	City: State: Zip:
Secretary Name	**Treasurer Name**
Tara Edwards	**Kerri-Lynn Potter**
Street Address: **404 Post Road, #4**	Street Address: **404 Post Road, #6**
City: **Warwick** State: **RI** Zip: **02888**	City: **Warwick** State: **RI** Zip: **02888**

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
Camille Cataldo	**Tara Edwards**
Street Address: **404 Post Road, #7**	Street Address: **404 Post Road, #4**
City: **Warwick** State: **RI** Zip: **02888**	City: **Warwick** State: **RI** Zip: **02888**
Director Name: **Kerri-Lynn Potter**	Director Name:
Street Address: **404 Post Road, #6**	Street Address:
City: **Warwick** State: **RI** Zip: **02888**	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 25 2014
BY 530696

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.

Camille Cataldo June 12, 2014.
Signature of Officer or Authorized Representative Date

Camille Cataldo, President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
108593-11-978194