



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000136195

2. Name of Corporation North Gardens at Lindhbrook Condominium Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: FAIRWAY CIRCLE

City or Town: HOPE VALLEY

State: RI

Zip: 02832

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

THE MANAGEMENT OF THE AFFAIRS OF THE NORTH GARDENS AT LINDHBROOK
CONDOMINIUM ASSOCIATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
SECRETARY	COLLEEN LONG	5 FAIRWAY CIRCLE HOPE VALLEY, RI 02832 USA
PRESIDENT	ILENE MACNEIL	33 FAIRWAY CIRCLE HOPE VALLEY, RI 02832 USA

VICE PRESIDENT	VINCENT GUGLIELMINO	5B FAIRWAY CIRCLE HOPE VALLEY, RI 02832 USA
DIRECTOR	ILENE MACNEIL	33 FAIRWAY CIRCLE HOPE VALLEY, RI 02832 USA
DIRECTOR	COLLEEN LONG	5 FAIRWAY CIRCLE HOPE VALLEY, RI 02831 USA
DIRECTOR	MICHAEL THERIAULT	23 FAIRWAY CIRCLE HOPE VALLEY, RI 02831 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KAREN A. BELLUCCI 17 MANN SCHOOL ROAD SMITHFIELD , RI 02917

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 27 Day of June, 2014 at 8:05:55 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By ILENE MACNEIL, PRESIDENT
Signature of Authorized Person

Form No. 631
Revised 09/07