



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. 521211		2. Exact name of the Corporation Angels on Greene Condominiums			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Collection of fees for the maintenance of the Angels on Greene Condominiums			
5. Principal office address 23 Greene St		City Warren		State RI	Zip 02885
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mary Jackson		Vice-President Name Katherine Smith			
Street Address 23 Greene St, Unit E		Street Address 23 Greene St, Unit B			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Secretary Name Regina Merlino		Treasurer Name Thomas Smith			
Street Address 23 Greene St, Unit D		Street Address 23 Greene St, Unit B			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
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 Mary Jackson		Director Name Katherine Smith			
Street Address 23 Greene St, Unit E		Street Address 23 Greene St, Unit B			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Regina Merlino		Director Name Thomas Smith			
Street Address 23 Greene St, Unit D		Street Address 23 Greene St, Unit B			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
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

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.

Thomas E Smith 6/29/14
Signature of Officer or Authorized Representative Date

Thomas E Smith, Director, Treasurer

Print or Type Name of Officer or Authorized Representative

FILED

JUL 01 2014

BY 66 227669
9.54