



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. 520066		2. Exact name of the Corporation Pier Landing Condominium Association, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island The Association is comprised of all the owners of the Pier Landing Condominiums			
5. Principal office address 543 Thames Street		City Newport		State RI	Zip 02840
6. LIST ALL OFFICES (NAMES AND ADDRESSES) (BY BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael Esposito			Vice-President Name John Mullen		
Street Address 26 Savoy Road			Street Address 61 Godfrey Lane		
City Framingham	State MA	Zip 01701	City Milford	State MA	Zip 01757
Secretary Name Donna Farrell			Treasurer Name Fran DiFilippo		
Street Address 43 Donelle Way			Street Address 32 Irving Street		
City Lancaster	State MA	Zip 01523	City Millis	State MA	Zip 02054
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (BY BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael Esposito			Director Name John Mullen		
Street Address 26 Savoy Road			Street Address 61 Godfrey Lane		
City Framingham	State MA	Zip 01757	City Milford	State MA	Zip 01757
Director Name Donna Farrell			Director Name Fran DiFilippo		
Street Address 43 Donelle Way			Street Address 32 Irving Street		
City Lancaster	State MA	Zip 01523	City Millis	State MA	Zip 02054
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
 JUL 08 2014
 2515

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.

Michael J. Esposito 6-18-14
 Signature of Officer or Authorized Representative Date

Michael Esposito, President
 Print or Type Name of Officer or Authorized Representative