



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

2014

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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.

2014 JUL 31 AM 11:15
 SECRETARIAL DIVISION OF STATE CORPORATIONS DIV

1. Entity ID No. 545320		2. Exact name of the Corporation TROTT PLACE CONDOMINIUMS, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island To govern and manage the affairs of the condominium association			
5. Principal office address 341 Metacom Avenue, Unit 1F			City Warren	State RI	Zip 02885
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael Lee			Vice-President Name None		
Street Address 341 Metacom Avenue, Unit 3R			Street Address		
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name Lori Norris			Treasurer Name Kristin Caldeira		
Street Address 325 Ridgewood Drive			Street Address 621 Gray Terrace		
City Mystic	State CT	Zip 06355	City North Dighton	State MA	Zip 02764
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 Michael Lee			Director Name Kristin Caldeira		
Street Address 325 Ridgewood Drive			Street Address 621 Gray Terrace		
City Warren	State RI	Zip 02885	City North Dighton	State MA	Zip 02764
Director Name Lori Norris			Director Name		
Street Address 325 Ridgewood Drive			Street Address		
City Mystic	State CT	Zip 06355	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

JUL 31 2014

File Date _____ BY 229618
 Check No _____
 By: _____ KL

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.

Kristin Caldeira
 Signature of Officer or Authorized Representative Date

Kristin Caldeira
 Print or Type Name of Officer or Authorized Representative

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