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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
299898	200 CENTREVILLE ROAD CONDO ASSOCIATION
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Condo Mang PAY BILLS

5. Principal office address	City	State	Zip

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

President Name			Vice-President Name		
EDWARD FLANAGAN			E FLANAGAN SR		
Street Address			Street Address		
981 MAIN ST			981 MAIN		
City	State	Zip	City	State	Zip
W W	R.I	02893	W W	RI	02893
Secretary Name			**Treasurer Name**		
Street Address			**Street Address**		
City	**State**	**Zip**	**City**	**State**	**Zip**

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		
LAURA FLANAGAN			E. FLANAGAN		
Street Address			Street Address		
981 MAIN ST			981 MAIN		
City	State	Zip	City	State	Zip
W. W	RI	02893	W W	R.I	02893
Director Name			Director Name		
E. FLANAGAN					
Street Address			Street Address		
981 MAIN					
City	State	Zip	City	State	Zip
W W	RI	02893			

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

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AUG 29 2014
BY KL 23324
2:03

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.

E F Flanagan 8-29-14
Signature of Officer or Authorized Representative — Date

EDWARD FLANAGAN Pres
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised 04/2014
1205731-982142