



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
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Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

2014 AUG 29 PM 8:03
CORPORATIONS DIV
SECRETARY OF STATE

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.

1. Entity ID No. 299898		2. Exact name of the Corporation 200 CENTREVILLE ROAD CONDO ASSOCIATION			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Condo Mang PAY BILLS			
5. Principal office address		City	State	Zip	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name EDWARD FLANAGAN		Vice-President Name E FLANAGAN SR			
Street Address 981 MAIN ST		Street Address 981 MAIN			
City WU	State R.I	Zip 02893	City WU	State R.I Zip 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 LARA FLANAGAN		Director Name E. FLANAGAN			
Street Address 981 MAIN ST		Street Address 981 MAIN			
City WU	State RI	Zip 02893	City WU	State R.I	Zip 02893
Director Name E. FLANAGAN		Director Name			
Street Address 981 MAIN		Street Address			
City WU	State RI	Zip 02893	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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED

AUG 29 2014

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.

BY **VL 231324** **E. Flanagan** 8-29-14
Signature of Officer or Authorized Representative Date
J.O.S **EDWARD FLANAGAN Pres**
Print or Type Name of Officer or Authorized Representative