



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 2011

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. 000329453		2. Exact name of the Corporation JOHNSON ST CONDO ASSOC			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island CONDOMINIUM ASSOC.			
5. Principal office address 30 CHEPACHET AVE		City CUMBERLAND	State RI	Zip 02864	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name LIONEL BENN		Vice-President Name MATHEW GONCALVES			
Street Address 65 JOHNSON STREET		Street Address 63 B JOHNSON ST			
City PAWT.	State RI	Zip 02860	City PAWT.	State RI	Zip 02860
Secretary Name		Treasurer Name PAUL K DUNHAM			
Street Address		Street Address 30 CHEPACHET AVE			
City	State	Zip	City CUMBERLAND	State RI	Zip 02864
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name LIONEL BENN		Director Name MATT GONCALVES			
Street Address 65 JOHNSON ST		Street Address 63 B JOHNSON ST			
City PAWT	State RI	Zip 02864	City PAWT	State RI	Zip 02864
Director Name		Director Name PAUL K DUNHAM			
Street Address		Street Address 30 CHEPACHET AVE			
City	State	Zip	City CUMBERLAND	State RI	Zip 02864
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

SEP 30 2011

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: 233342

A.A. 3:30 PM

9-30-14

Signature of Officer or Authorized Representative

Date

PAUL K DUNHAM TREASURER
Print or Type Name of Officer or Authorized Representative

File Date
Check No
By: 401-222-3040
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CORPORATIONS DIV
Form No. 631
Revised: 04/2014