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.	2. Exact name of the Corporation
000329453	JOHNSON ST CONDO ASSOC
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RHODE ISCAND	CONDOMINIUM ASSOC.

5. Principal office address	City	State	Zip
30 CHEPACHET AVE	CUMBERLAND	RI	02864

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

President Name	Street Address	City	State	Zip
LIONEL BENN	65 JOHNSON STREET	PAWT.	RI	02860

Vice-President Name	Street Address	City	State	Zip
MATHEW GONCALVES	63 B JOHNSON ST	PAWT.	RI	02860

Secretary Name	Street Address	City	State	Zip

Treasurer Name	Street Address	City	State	Zip
PAUL K DUNHAM	30 CHEPACHET AVE	CUMBERLAND	RI	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	Street Address	City	State	Zip
LIONEL BENN	65 JOHN SON ST	PAWT	RI	02864

Director Name	Street Address	City	State	Zip
MATT GONCALVES	63B JOHNSON ST	PAWT	RI	02864

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
PAUL K DUNHAM	30 CHEPACHET AVE	CUMBERLAND	RI	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 2014

File Date
Check No
By: 2014 SEP 30 PM 3:36
FOR SECRETARY OF STATE USE ONLY
SECRETARY OF STATE CORPORATIONS DIV
RECEIVED

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: 23334 A.A. 3.3 [signature] 9-30-14
Signature of Officer or Authorized Representative Date

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

Form No. 631
Revised: 04/2014