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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 2009

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 ISLAND	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	City	State	Zip
LIONEL BENN	PAWT	RI	02860
Street Address			
65 JOHNSON ST			

Vice-President Name	City	State	Zip
MATT - GONCALVES	PAWT	RI	02861
Street Address			
63 B JOHNSON ST			

Secretary Name	City	State	Zip
Street Address			

Treasurer Name	City	State	Zip
PAUL K DUNHAM	CUMBERLAND	RI	02864
Street Address			
30 CHEPACHET AVE			

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	City	State	Zip
LIONEL BENN	PAWT	RI	02860
Street Address			
65 JOHNSON ST			

Director Name	City	State	Zip
MATHEW GONCALVES	PAWT	RI	02860
Street Address			
63A JOHNSON ST			

Director Name	City	State	Zip
Street Address			

Director Name	City	State	Zip
PAUL K DUNHAM	CUMBERLAND	RI	02864
Street Address			
30 CHEPACHET AVE.			

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
A.A. 3:35PM

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: [signature] 9-/30/-14
Signature of Officer or Authorized Rep. .sentative — Date

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

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

SECRETARY OF STATE
CORPORATIONS DIV
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Form No. 631
Revised 04/2014
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