



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. <u>000329453</u>		2. Exact name of the Corporation <u>JOHNSON ST. CONDO ASSOC.</u>			
3. State of Incorporation <u>RHODE ISLAND</u>		4. Brief description of the character of business conducted in Rhode Island <u>CONDOMINIUM ASSOC.</u>			
5. Principal office address <u>30 CHEPACHET AVE</u>		City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name <u>LIONEL BENN</u>		Vice-President Name <u>MATT GONCALVES</u>			
Street Address <u>65 JOHNSON ST</u>		Street Address <u>63 B JOHNSON ST</u>			
City <u>PAWT</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>PAWT</u>	State <u>RI</u>	Zip <u>02861</u>
Secretary Name		Treasurer Name <u>PAUL K DUNHAM</u>			
Street Address		Street Address <u>30 CHEPACHET AVE</u>			
City	State	Zip	City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name <u>LIONEL BENN</u>		Director Name <u>MATHEW GONCALVES</u>			
Street Address <u>65 JOHNSON ST</u>		Street Address <u>63 A JOHNSON ST</u>			
City <u>PAWT</u>	State <u>RI</u>	Zip <u>02860</u>	City <u>PAWT</u>	State <u>RI</u>	Zip <u>02860</u>
Director Name		Director Name <u>PAUL K DUNHAM</u>			
Street Address		Street Address <u>30 CHEPACHET AVE</u>			
City	State	Zip	City <u>CUMBERLAND</u>	State <u>RI</u>	Zip <u>02864</u>
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

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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised: 04/2014

By: PAUL K DUNHAM Date: 9-30-14
Signature of Officer or Authorized Representative
PAUL K DUNHAM TREASURER
Print or Type Name of Officer or Authorized Representative