



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000150043

2. Name of Corporation 505 Office Condominium, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 505 TIOGUE AVENUE, SUITE B

City or Town: COVENTRY

State: RI Zip: 02816 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO CONDUCT THE AFFAIRS OF THE 505 OFFICE CONDOMINIUM

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	PATRICK J. SULLIVAN	505 TIOGUE AVE COVENTRY, RI 02816 USA
PRESIDENT	STACY B FERRARA	505 TIOGUE AVENUE, SUITE B COVENTRY, RI 02816- USA
VICE PRESIDENT	JOSEPH MEDEIROS	505 TIOGUE AVE

		COVENTRY, RI 02816 USA
DIRECTOR	STACY B. FERRARA	505 TIOGUE AVE COVENTRY, RI 02816 USA
DIRECTOR	JOSEPH MEDEIROS	505 TIOGUE AVE COVENTRY, RI 02816 USA
DIRECTOR	PATRICK SULLIVAN	505 TIOGUE AVE. COVENTRY, RI 02816 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

PATRICK J. SULLIVAN 505 TIOGUE AVENUE COVENTRY , RI 02816

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 30 Day of October, 2014 at 10:30:43 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By PATRICK J SULLIVAN
Signature of Authorized Person

Form No. 631
Revised 09/07

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