

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 2013

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.	Exact name of the Corporation		
44849	The Richmond C	WK Ridge Association	2014
3. State of Incorporation	4. Brief description of the character of bu	usiness conducted in Rhode Island	IA DCT
	A Complete in the		
Rhide Island	Condominium		27 30
5. Principal office address	\mathcal{D}_{α} . J	City State Zip	200
SCO KINGStown			7289基
	ES AND ADDRESSES) ("X" BOX FOR AT	,	
President Name	-	Vice-President Name	2
John Shidler		(MOY FIYOUE , so	
Street Address	ρ_{-} / ρ_{-}	Street Address	. 1
SCO KINGSTOWN	Soud, Unit GA	500 Kingstam Rd, Unit	7.4
City, /	State Zip	City / State Zip	- 5 0.00
KICHMOND	RI 02892	KICHMOND KL O.	2892
Secretary Name		Treasurer Name	
TRAMI DANGE	SPR	VIZIMPU IKI DO	
Street Address /		Street Address //	1
SCC Thingsto	State Zip LINIT 6A	City, State Zip	1 1B
Richmond	State Zip 02892		2849
7. LIST ALL DIRECTORS (NAI ("X" BOX FOR ATTACHMEN		D CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3	3) DIRECTORS
Director Name		Director Name	
KUSSEL (KEEC)	Dr.1/4	Privar Smith	
Street Address /	-1 1	Street Address	
500 Kingstru	RA WAIT BR	I So Kingshin Rd 1911 2	13
Chia J	State Zip	City State Zip	25/27
KINI ICICI	RI COSTO	MICHICIE RI	26 Tol
Director Name	,	Director Name	
LUCA / ZUI/OIR		JOIO CERLIOVI	
Street Address Stratton	in Kad wit 1+	Street Address SCO 14/Wastown Rd. (mrt	1063
City 11110220	State Zip CO890	City State Zip	1842)
8. REGISTERED AGENT IN RH	· · · · · · · · · · · · · · · · · · ·	1 116.10.10.10.10	-010
		f Clate Change require filing Form 644	
This report must be signed by eit		f State. Changes require filing Form 641. ry, Assistant Secretary, Treasurer, duly Authorized Representa	ative, Receiver
or Trustee			
	11:3 2 Am		
File Date		Under penalty of perjury, I declare and affirm that I had this report, including any accompanying schedules a	ind statements,
Check No		and that all statements contained herein are true and	correct.
	OCT 30 2014	CM b \uman	03014
By:		Signature of Officer or Nuthorized Representative) (
FOR SECRETARY OF STATE	BSE ONLY 235469	Signature of Oricer of Fruhionized Napresentative	Date
	1//1/	10HW M. SALLVED	
Form No. 631 Revised: 04/2014	\mathcal{W}^{\dagger}	Print or Type Name of Officer or Authorized Representati	ve
neviacu. U4/4U14			