



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 46145		2. Exact name of the Corporation THE MEADOWS PROFESSIONAL OFFICE PARK CONDOMINIUMS, LTD.			
3. Principal office address 1130 TEN ROD ROAD, E-207		City NORTH KINGSTOWN	State RI	Zip 02852	
4. Business Phone No. 401-885-3950		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island SALE, LEASING AND MANAGEMENT OF CONDOMINIUM UNITS					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LYNN F. MORAN		Vice-President Name STEVEN			
Street Address 1130 REN ROAD ROAD, E-207		Street Address 1130 REN ROAD ROAD, E-207			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name LYNN F. MORAN		Treasurer Name			
Street Address 1130 REN ROAD ROAD, E-207		Street Address 1130 REN ROAD ROAD, E-207			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name LYNN F. MORAN		Director Name			
Street Address 1130 REN ROAD ROAD, E-207		Street Address 1130 REN ROAD ROAD, E-207			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			51	Common/Class A	\$.01
			149	Common/Class B	\$.01

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY **3298**

FILED
JAN 23 2015

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.

Signature of Authorized Representative

Date

Lynn F. Moran, President

Print or Type Name of Authorized Representative