RI SOS Filing Number: 201558476150 Date: 04/10/2015 10:14 AM

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: 2015

1. Corporate ID No. 000307271

2. Name of Corporation SILVER PINES CONDOMINIUM ASSOCIATION, INCORPORATED

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: SILVER PINES BOULEVARD
City or Town: SLATERSVILLE State: RI Zip: 02876 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

MANAGEMENT AND RELATED MATTERS CONCERNING THE SILVER PINES CONDOMINIUM SITUATED AT MAIN STREET, NORTH SMITHFIELD RHODE ISLAND

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
PRESIDENT	JUDITH WRIGHT	P.O. BOX 1022 SLATERSVILLE, RI 02876 USA
TREASURER	ROBERT GAUVIN	P.O. BOX 674 SLATERSVILLE, RI 02876 USA

0-1994-0

SECRETARY	DENNIS BERARD	P.O. BOX 1034 SLATERSVILLE, RI 02876 USA
VICE PRESIDENT	JAMES SCOTT	P.O. BOX 144 SLATERSVILLE, RI 02876 USA
DIRECTOR	JUDITH WRIGHT	P.O. BOX 1022 SLATERSVILLE, RI 02876 USA
DIRECTOR	ROBERT GAUVIN	P.O. BOX 674 SLATERSVILLE, RI 02876 USA
DIRECTOR	JOHN QUIRK	P.O. BOX 566 SLATERSVILLE, RI 02876 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

KAREN A. BELLUCCI 17 MANN SCHOOL ROAD SMITHFIELD , RI 02917

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

Signed this 10 Day of April, 2015 at 10:18:03 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 JUDITH WRIGHT
Signature of Authorized Person

Form No. 631
Revised 09/07