



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 2015

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. 154110		2. Exact name of the Corporation #3 Holden Condominium Association, Inc	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Management of a multi-unit Condo complex in Providence.	
5. Principal office address Dirine Investments, 222 Broadway, Providence		City Providence	State RI
		Zip 02903	
President Name Christine Boulay		Vice-President Name Bani Vails	
Street Address #3 Holden St #2B		Street Address 222 Broadway	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02903	
Secretary Name Lindsey Nickerson		Treasurer Name	
Street Address 73 Holden St #3B		Street Address	
City Providence	State RI	City	State
Zip 02908		Zip	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (* BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Christine Boulay		Director Name Bani Vails	
Street Address 73 Holden St #2B		Street Address 222 Broadway	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02903	
Director Name Lindsey Nickerson		Director Name	
Street Address 73 Holden St #3B		Street Address	
City Providence	State RI	City	State
Zip 02908		Zip	
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

MAY 22 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.

File Date _____

Check No _____

By: _____ BY _____

Signature of Officer or Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY

BANI VAIS

Print or Type Name of Officer or Authorized Representative