



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. 1335079		2. Exact name of the Corporation Aquidneck Commercial Condominium Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Manage commercial condominium development in Middletown, RI			
5. Principal office address Hood Sails, 23 Johnnycake Hill Road		City Middletown		State RI	Zip 02842
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert J. MacMillan			Vice-President Name Marc Monreal		
Street Address 23 Johnnycake Hill Road			Street Address 23 Johnnycake Hill Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name David MacMillan			Treasurer Name Robert J. MacMillan		
Street Address 23 Johnnycake Hill Road			Street Address 23 Johnnycake Hill Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert J. MacMillan			Director Name Marc Monreal		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
Director Name David MacMillan			Director Name		
Street Address SAME			Street Address		
City	State	Zip	City	State	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 01 2015

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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 Officer or Authorized Representative _____ Date **5/28/15**

Robert J. MacMillan, Officer and Director

Print or Type Name of Officer or Authorized Representative