



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. 41136		2. Exact name of the Corporation ROBIN HOLLOW CONDOMINIUM ASSOCIATION			
3. State of Incorporation R.I		4. Brief description of the character of business conducted in Rhode Island CONDOMINIUM ASSOCIATION			
5. Principal office address 1455 MINERAL SPRING AVE		City NO.PROVIDENCE	State R.I	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Laurence Levey		Vice-President Name Vincent Borrelli			
Street Address PO BOX 2283		Street Address 37 Beverly Circle			
City Plainville	State Mass	Zip 02762	City Greenville	State R.I	Zip 02828
Secretary Name Jaime Levey		Treasurer Name			
Street Address PO BOX 2283		Street Address			
City Plainville	State Mass	Zip 02762	City	State	Zip
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 Laurence Levey		Director Name Vincent Borrelli			
Street Address PO BOX 2283		Street Address 37 Beverly Circle			
City Plainville	State Mass	Zip 02762	City Greenville	State R.I	Zip 02762
Director Name Jaime Levey		Director Name			
Street Address PO BOX 2283		Street Address			
City Plainville	State Mass	Zip 02762	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

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

LAURENCE LEVEY

Print or Type Name of Officer or Authorized Representative

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 04 2015

BY

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