



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

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MAY 04 2015

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. 66731		2. Exact name of the Corporation Lakewood Glen Condominium Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association.			
5. Principal office address 181 Knight Street		City Warwick		State RI	Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Shirley Moretti		Vice-President Name Jean Rossi			
Street Address 335 South Pier Road, #B4		Street Address 335 South Pier Road, #C2			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name		Treasurer Name Al Kaimer			
Street Address		Street Address 335 South Pier Road, #C4			
City	State	Zip	City Narragansett	State RI	Zip 02882
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Shirley Moretti		Director Name Jean Rossi			
Street Address 335 South Pier Road, #B4		Street Address 335 South Pier Road, #C2			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Al Kaimer		Director Name Frances O'Connor			
Street Address 335 South Pier Road, #C4		Street Address 1000 Lafayette Blvd.			
City Narragansett	State RI	Zip 02882	City Fredericksburg	State VA	Zip 22401
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

JUN 08 2015

Filing Date

Check No.

By

FOR SECRETARY OF STATE USE ONLY

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

Shirley Moretti, President

Print or Type Name of Officer or Authorized Representative