MAY 04 2015

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.	2. Exact name of the Corporation
66731	**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	City	State	Zip
181 Knight Street	**Warwick**	**RI**	**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
BY 5360418

File 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.

Shirley Moretti 5/1/15
Signature of Officer or Authorized Representative Date

Shirley Moretti, President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014