State	of Rhode Island and Pro Office of the Secreta		Intations	Fee: \$20.00
	Division Of Business 148 W. River St			
	Providence RI 0290 (401) 222-304	04-2615		
HOPE	(401) 222-304	+0		
Non-Profit Corporation Annual Report Filing Period: June 1 - June 30				
In accordance with R.I.G.L. 7-6-94 report within the time prescribed b \$25.00.				
ANNUAL REPORT YEAR: 2015	<u>5</u>			
1. Corporate ID No. 000124886				
2. Name of Corporation Morrill Terrace Condominium Association, Inc.				
3. State of Incorporation				
State: <u>RI</u>				
4. Corporate Address in Rhode	e Island			
	INK PROPERTY MGMT			
City or Town: <u>P.O. BOX 14</u> <u>COVENTRY</u>		State: RI	Zip: <u>02816</u>	Country: USA
5. Foreign Corporation. Enter	Principal Office Address			
No. and Street:				
City or Town: State: Zi	p: Country:			
6. Brief Description of the Cha	racter of the Affairs Which a	re Actually Co	nducted in R	hode Island
TO BE THE ASSOCIATION			E MORRILL	TERRACE
CONDOMINIUMS AND TO	OPERATE THE CONDOM	<u>IINIUMS</u>		
7. Names and Addresses of the	Officers and Directors:			
All officers and directors mu Incorporator is no longer ap		r directors hav	ve been elect	ed, the title
	DOMESTIC(RHODE ISLAND)CORPOR	ATION SHALL NO	T BE LESS THAN	I THREE(3). R.I.G.L.
Title	Individual Name		Address	
	First, Middle, Last, Suffix	Address, City		ip Code, Country
PRESIDENT	MONICA GONCALVES MS	NORTH P	9 MORRILL LA ROVIDENCE, RI	

MARISSA QUINLIN MRS

9 MORRILL LANE #4

TREASURER

		NORTH PROVIDENCE, RI 02904 USA
SECRETARY	STEPHANIE MERRIM MS.	7 MORRILL LANE #1
		NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	MONICA GONCALVES MS.	9 MORRILL LANE #3
		NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	MARISSA QUINLIN MRS	9 MORRIL LANE #4
		NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	STEPHANIE MERRIM MS.	7 MORRILL LANE #1
		NORTH PROVIDENCE, RI 02904 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

INTERLINK PROPERTY MANAGEMENT, INC. <u>960 TIOGUE AVENUE, BUILDING A, 2ND FLOOR</u> COVENTRY , <u>RI</u> <u>02816</u>

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 11 Day of June, 2015 at 1:02:44 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By <u>MONICA GONCALVES, PRESIDENT</u> Signature of Authorized Person

Form No. 631 Revised 09/07

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