



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. 153357		2. Exact name of the Corporation South Bend Condominiums Homeowners Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Condominium Association			
5. Principal office address 97 Armistice Blvd.		City Pawtucket	State RI	Zip 02860	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Annie Martin			Vice-President Name N/A		
Street Address 151 South Bend Street			Street Address N/A		
City Pawtucket	State RI	Zip 02860	City N/A	State N/A	Zip N/A
Secretary Name Francois Niang			Treasurer Name Joseph R. Gianino		
Street Address 222 Meadow Street			Street Address 97 Armistice Blvd.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 Annie Martin			Director Name Joseph R. Gianino		
Street Address 151 South Bend Street			Street Address 97 Armistice Blvd.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Francois Niang			Director Name N/A		
Street Address 222 Meadow Street			Street Address N/A		
City Pawtucket	State RI	Zip 02860	City N/A	State N/A	Zip N/A
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

BY

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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

Joseph R. Gianino
Print or Type Name of Officer or Authorized Representative
Treasurer

6/11/15