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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
126035	PINE LODGE CONDOMINIUM ASSOCIATION
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	CONDO MANAGEMENT OF THE PINE LODGE CONDOMINIUMS LOCATED IN NEWPORT

5. Principal office address	City	State	Zip
32 CATHERINE STREET	NEWPORT	RI	02840

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
LESLIE H. MAHER			EDWARD LINHARES		
Street Address			Street Address		
32A CATHERINE STREET			1544 DUNKELD WAY		
City	State	Zip	City	State	Zip
NEWPORT	RI	02840	BEL AIR	MD	21015
Secretary Name			Treasurer Name		
GERALDINE SHEARN			JOSEPH M. SHEARN		
Street Address			Street Address		
742 RYAN RUN			742 RYAN RUN		
City	State	Zip	City	State	Zip
TOMS RUN	NJ	08753	TOMS RUN	NJ	08753

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
MICHAEL MAHER			MARY REYNOLDS		
Street Address			Street Address		
PO BOX 3212			32A CATHERINE STREET		
City	State	Zip	City	State	Zip
NEWPORT	RI	02840	NEWPORT	RI	02840
Director Name			Director Name		
LESLIE MAHER					
Street Address			Street Address		
32A CATHERINE STREET					
City	State	Zip	City	State	Zip
NEWPORT	RI	02840			

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 19 2015
BY 33396

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.

Michael M. Maher 6-9-2015
~~Signature~~ of Officer or Authorized Representative Date

MICHAEL M. MAHER
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
122180-14-1043966