



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.<br><b>61346</b>                        |                    | 2. Exact name of the Corporation<br><b>Nightingale Estates Condominium Homeowners Association, Inc.</b>                                  |                           |                    |                     |
| 3. State of Incorporation<br><b>RI</b>                  |                    | 4. Brief description of the character of business conducted in Rhode Island<br><b>Manage the affairs of the condominium association.</b> |                           |                    |                     |
| 5. Principal office address<br><b>181 Knight Street</b> |                    | City<br><b>Warwick</b>   |                           | State<br><b>RI</b> | Zip<br><b>02886</b> |
| President Name<br><b>Mark Allio</b>                     |                    | Vice-President Name<br><b>William Pearson</b>  |                           |                    |                     |
| Street Address<br><b>125 Prospect Street, #13</b>       |                    | Street Address<br><b>125 Prospect Street, #9</b>   |                           |                    |                     |
| City<br><b>Providence</b>                               | State<br><b>RI</b> | Zip<br><b>02906</b>  | City<br><b>Providence</b> | State<br><b>RI</b> | Zip<br><b>02906</b> |
| Secretary Name<br><b>Susan Baker</b>                    |                    | Treasurer Name<br><b>Clay Merchant</b>   |                           |                    |                     |
| Street Address<br><b>125 Prospect Street, #1</b>        |                    | Street Address<br><b>125 Prospect Street, #3</b>   |                           |                    |                     |
| City<br><b>Providence</b>                               | State<br><b>RI</b> | Zip<br><b>02906</b>  | City<br><b>Providence</b> | State<br><b>RI</b> | Zip<br><b>02906</b> |
| Director Name<br><b>Mark Allio</b>                      |                    | Director Name<br><b>William Pearson</b>  |                           |                    |                     |
| Street Address<br><b>125 Prospect Street, #13</b>       |                    | Street Address<br><b>125 Prospect Street, #9</b>   |                           |                    |                     |
| City<br><b>Providence</b>                               | State<br><b>RI</b> | Zip<br><b>02906</b>  | City<br><b>Providence</b> | State<br><b>RI</b> | Zip<br><b>02906</b> |
| Director Name<br><b>Susan Baker</b>                     |                    | Director Name<br><b>Clay Merchant</b>  |                           |                    |                     |
| Street Address<br><b>125 Prospect Street, #1</b>        |                    | Street Address<br><b>125 Prospect Street, #3</b>   |                           |                    |                     |
| City<br><b>Providence</b>                               | State<br><b>RI</b> | Zip<br><b>02906</b>  | City<br><b>Providence</b> | State<br><b>RI</b> | Zip<br><b>02906</b> |

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 24 2015  
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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: Mark Allio Date: 5/29/15

BY Mark Allio, President  
 Print or Type Name of Officer or Authorized Representative