

**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report 2015**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000164763

2. Name of Corporation Fifty-Eight Sutton Place Condominium Association Inc

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 401 SEASIDE DRIVE

City or Town: JAMESTOWN

State: RI

Zip: 02835

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

FILED

JUN 24 2015

BY 1369

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO RUN AND MANAGE A CONDO ASSOCIATION IN THE CITY OF PROVIDENCE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	SHANNON SOMYK	401 SEASIDE DR. JAMESTOWN, RI 02835 USA
DIRECTOR	COREY YOUNG	58 SUTTON STREET, UNIT 2 PROVIDENCE, RI 02903 USA
Director	THOMAS CARTER	58 Sutton Street, Unit 4 Providence, RI 02903 USA
Director	SHANNON SOMYK	401 Seaside Drive Jamestown, RI 02835 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

JOHN O. MANCINI, ESQ. 128 DORRANCE STREET, SUITE 300 PROVIDENCE, RI 02903

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

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Shannon Somyk

Business Name:

No. and Street: 401 SEASIDE DRIVE

City or Town: JAMESTOWN

State: RI

Zip: 02835

Country: USA

Contact Phone: (401) 527-9515 ext:

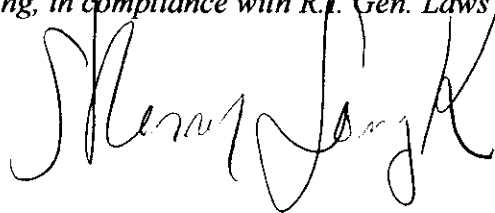
Contact Email: shannonsomyk@gmail.com

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

Signed this 22 Day of June, 2015 at 10:29:39 AM 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 Shannon Somyk

Signature of Authorized Person



6/22/15

Make Corrections

✓ Accept

Form No. 631
Revised 09/07

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