



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**

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.** 000136195

**2. Name of Corporation** North Gardens at Lindhbrook Condominium Association

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: FAIRWAY CIRCLE

City or Town: HOPE VALLEY State: RI Zip: 02832 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

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

THE MANAGEMENT OF THE AFFAIRS OF THE NORTH GARDENS AT LINDHBROOK  
CONDOMINIUM ASSOCIATION

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	Address
PRESIDENT	MICHAEL THERIAULT	23 FAIRWAY CIRCLE HOPE VALLEY, RI 02831 USA
TREASURER	MARGARET KILMARTIN	9 FARIWAY CIRCLE HOPE VALLEY, RI 02831 USA

SECRETARY	JOSHUA PLUCINSKI	17 FAIRWAY CIRCLE HOPE VALLEY, RI 02832 USA
VICE PRESIDENT	VINCENT GUGLIELMINO	5B FAIRWAY CIRCLE HOPE VALLEY, RI 02832 USA
DIRECTOR	MICHAEL THERIAULT	23 FAIRWAY CIRCLE HOPE VALLEY, RI 02831 USA
DIRECTOR	JOSHUA PLUCINSKI	17 FAIRWAY CIRCLE HOPE VALLEY, RI 02832 USA
DIRECTOR	VINCENT GUGLIELMINO	5B FAIRWAY CIRCLE HOPE VALLEY, RI 02832 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**

KAREN A. BELLUCCI 17 MANN SCHOOL ROAD SMITHFIELD , RI 02917

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

**Signed this 30 Day of June, 2015 at 3:33:00 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 KAREN A. BELLUCCI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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