



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/business

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. 135298		2. Exact name of the Corporation Kennedy Lane Condominium Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To Administer the Kennedy Lane Condominiums			
5. Principal office address 69 Kennedy Lane, Unit 1		City Harrisville		State RI	Zip 02830
President Name Rachel Palardy		Vice-President Name James Hughes			
Street Address 69 Kennedy Lane, Unit 2		Street Address 69 Kennedy Lane, Unit 3			
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Kathy Hughes		Treasurer Name Rachel Palardy			
Street Address 69 Kennedy Lane, Unit 3		Street Address 69 Kennedy Lane, Unit 2			
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Director Name Rachel Palardy		Director Name James Hughes			
Street Address 69 Kennedy Lane, Unit 2		Street Address 69 Kennedy Lane, Unit 3			
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Director Name Kathy Hughes		Director Name			
Street Address 69 Kennedy Lane, Unit 3		Street Address			
City Harrisville	State RI	Zip 02830	City	State	Zip

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, Receiver or Trustee

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.

Rachel Palardy 6/ /2015
 Signature of Officer Date

Rachel Palardy
 Print or Type Name of Officer

President
 Title of Officer

FILED

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