



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 143657		2. Exact name of the Corporation Hon. Samuel Blatchford House Condominium Association, Inc.			
3. Principal office address c/o Coastal Property Management, 1341 West Main Rd.		City Middletown		State RI	Zip 02842
4. Business Phone No. 401-619-1555		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Management of condominium association and ownership of common areas and assets related thereto					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John Quinn			Vice-President Name None		
Street Address 20 Greenough Place, Unit 3A			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Secretary Name Sheila Clancy			Treasurer Name Timothy Hill		
Street Address 300 Cathedral Oaks Drive			Street Address 20 Greenough Place, Unit 1C		
City Vero Beach	State FL	Zip 39263	City Newport	State RI	Zip 02840
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John and Marilyn Quinn			Director Name Timothy and Christine Hill		
Street Address 20 Greenough Place, Unit 3A			Street Address 20 Greenough Place, Unit 1C		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
Director Name Robert and Sheila Clancy			Director Name Rosemary Murphy		
Street Address 300 Cathedral Oaks Drive			Street Address 10 Seaport Drive, #2408		
City Vero Beach	State FL	Zip 39263	City Quincy	State MA	Zip 02171
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			None		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

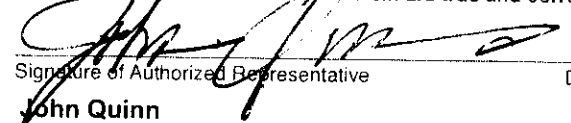
Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

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 Authorized Representative  Date **1/24/16**
John Quinn
Print or Type Name of Authorized Representative

FILED
MAR 10 2016
BY HAWANS