



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
531974		River Ridge Condominium Association			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Condo Association			
5. Principal Office Address		City	State	Zip	
10 Crestview Drive		Westerly	RI	02891	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael McCarthy			Vice-President Name Patrick White		
Street Address 6 Crestview Drive			Street Address 12 Crestview Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Margaret Shaw			Treasurer Name Kenneth Shaw		
Street Address 10 Crestview Drive			Street Address 10 Crestview Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Michael McCarthy			Director Name Patrick White		
Street Address 6 Crestview Drive			Street Address 12 Crestview Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Director Name Margaret Shaw			Director Name Kenneth Shaw		
Street Address 10 Crestview Drive			Street Address 10 Crestview Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Kenneth Shaw, Treasurer				Date May 12, 2016	
Signature of Officer/Authorized Representative <i>Kenneth Shaw</i>					

FILED *or*

MAY 16 2016

BY 1431