



**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			
298583		Pathway Condominium Association			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Association to handle common expenses for the condominiums			
5. Principal Office Address			City	State	Zip
521 Liberty Lane			West Kingston	RI	02892
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Kenneth S Bouvier			Vice-President Name Joshua Bouvier		
Street Address 521 Liberty Lane			Street Address 521 Liberty Lane		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Kenneth S Bouvier			Director Name Joshua Bouvier		
Street Address 521 Liberty Lane			Street Address 521 Liberty Lane		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
Director Name Jessica Boisclair			Director Name		
Street Address 521 Liberty Lane			Street Address		
City West Kingston	State RI	Zip 02892	City	State	Zip
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Kenneth S Bouvier <i>[Signature]</i>					Date 5/11/16
Signature of Officer/Authorized Representative					
SIGN DOCUMENT HERE					

FILED *02*

MAY 16 2016

BY SID