



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

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 Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV

Non-Profit Corporation Annual Report for the year: 2016

2016 MAY 24 AM 10:26

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	
000329453		JOHNSON STREET CONDO ASSOCIATION	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
RHODE ISLAND		CONDOMINIUM ASSOCIATION	
5. Principal Office Address		City	State
30 CHEPACHET AVE		CUMBERLAND	RI
		Zip	02860
6. List ALL officers (names and addresses) <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name		Vice-President Name	
PAUL DUNHAM		MATTHEW GONCALVES	
Street Address		Street Address	
30 CHEPACHET AVE		63B JOHNSON ST	
City	State	City	State
CUMB.	RI	PAWT	RI
Zip	02864	Zip	02860
Secretary Name		Treasurer Name	
LIONEL BENN		PAUL K DUNHAM	
Street Address		Street Address	
65 JOHNSON ST		30 CHEPACHET AVE	
City	State	City	State
PAWT	RI	CUMB	RI
Zip	02864	Zip	02864
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float:right">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
PAUL K DUNHAM		LIONEL BENN	
Street Address		Street Address	
30 CHEPACHET AVE		65 JOHNSON ST	
City	State	City	State
CUMB	RI	PAWT	RI
Zip	02864	Zip	02860
Director Name		Director Name	
MATTHEW GONCALVES			
Street Address		Street Address	
63B JOHNSON ST			
City	State	City	State
PAWT	RI		
Zip	02860	Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative		Date	
		4-23-16	
Signature of Officer/Authorized Representative		SIGN DOCUMENT HERE	
PAUL K DUNHAM			

FILED

MAY 24 2016

By 274993  
 A.A. 10:29 A.M.