



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

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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			
000 329 453		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	Zip	
30 CHEPACHET AVE		CUMBERLAND	RI	02860	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name		Vice-President Name			
PAUL DUNHAM		MATTHEW GONCALVES			
Street Address		Street Address			
30 CHEPACHET AVE		63B JOHNSON ST			
City	State	Zip	City	State	Zip
CUMB.	RI	02864	PAWT	RI	02860
Secretary Name		Treasurer Name			
LIONEL BENN		PAUL K DUNHAM			
Street Address		Street Address			
65 JOHNSON ST		30 CHEPACHET AVE			
City	State	Zip	City	State	Zip
PAWT	RI	02864	CUMB	RI	02864
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name		Director Name			
PAUL K DUNHAM		LIONEL BENN			
Street Address		Street Address			
30 CHEPACHET AVE		65 JOHNSON ST			
City	State	Zip	City	State	Zip
CUMB	RI	02864	PAWT	RI	02860
Director Name		Director Name			
MATTHEW GONCALVES					
Street Address		Street Address			
63B JOHNSON ST					
City	State	Zip	City	State	Zip
PAWT	RI	02860			
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				Date	
PAUL K DUNHAM				4-23-16	
Signature of Officer/Authorized Representative					
PAUL K DUNHAM SIGN DOCUMENT HERE					

FILED

MAY 24 2016

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