RI SOS Filing Number: 201699455340 Date: 05/27/2016 4:00 PM

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
27078	**JEFFERSON OFFICE PARK CONDOMINIUM ASSOCIATION INC**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RHODE ISLAND	**MANAGEMENT OF OFFICE CONDOMINIUM**

5. Principal Office Address	City	State	Zip
615 JEFFERSON BLVD #108	**WARWICK**	**RI**	**02886**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **ROBERT VARONE**			Vice-President Name **JAYNE FURLONG**		
Street Address **615 JEFFERSON BLVD**			Street Address **615 JEFFERSON BLVD**		
City **WARWICK**	State **RI**	Zip **02886**	City **WARWICK**	State **RI**	Zip **02886**
Secretary Name **DONALD WILKENSON**			Treasurer Name **STEVEN J JOHNSON**		
Street Address **615 JEFFERSON BLVD**			Street Address **615 JEFFERSON BLVD**		
City **WARWICK**	State **RI**	Zip **02886**	City **WARWICK**	State **RI**	Zip **02886**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **ROBERT VARONE**			Director Name **JAYNE FURLONG**		
Street Address **SAME**			Street Address **SAME**		
City	State	Zip	City	State	Zip
Director Name **DONALD WILKENSON**			Director Name **STEVEN J JOHNSON**		
Street Address **SAME**			Street Address **SAME**		
City	State	Zip	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.

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
STEVEN J JOHNSON	**051816**

Signature of Officer/Authorized Representative
X SIGN DOCUMENT HERE

FILED
MAY 27 2016
BY

Form No. 631
Revised: 2016
137438-3-1120105