



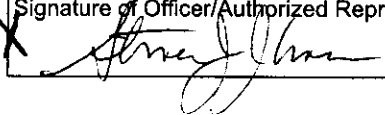
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 WILKENS			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 WILKENS			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.					
<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 STEVEN J JOHNSON				Date 051816	
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					

FILED
MAY 27 2016
BY 271 DS