RI SOS Filing Number: 201699716450 Date: 06/02/2016 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
163935	Fry Brook Condominium Association, Inc
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Residential Condominium Association

5. Principal Office Address	City	State	Zip
60 Frybrook Drive	East Greenwich	RI	02818

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

President Name Norman E. Walker			Vice-President Name Paul Gauthier		
Street Address 30 Hillside Court			Street Address 45 Hillside Court		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Janis M. Cappello			Treasurer Name Robert L. G. Batchelor		
Street Address 40 Hillside Court			Street Address 60 Frybrook Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818

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

Director Name Norman E. Walker			Director Name Paul Gauthier		
Street Address 30 Hillside Court			Street Address 45 Hillside Court		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Janis M. Cappello			Director Name Robert L. G. Batchelor		
Street Address 40 Hillside Court			Street Address 60 Frybrook Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818

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
Norman E. Walker	6/1/16

Signature of Officer/Authorized Representative
N Walker

FILED
JUN 02 2016
BY 1819 DS

Form No. 631
Revised: 2016
137585-10-1120163