



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

148 W. River Street, Providence, Rhode Island 02904-2615
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2016 JUN - 6 PM 2:37

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

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			
153751		188 Benefit Street Condominium Association, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		Maintain and manage a condominium association.			
5. Principal Office Address		City	State	Zip	
c/o Jeffrey St. Sauveur, Esq., 450 Veterans Memorial Pkwy, Ste. 7A		East Providence	RI	02914	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Helen MacDonald		Vice-President Name Christopher Marsella			
Street Address 188 Benefit Street		Street Address 188 Benefit Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Karen Lustig		Treasurer Name Christopher Marsella			
Street Address 188 Benefit Street		Street Address 188 Benefit Street			
City Providence	State RI	Zip 02903	City Providence, RI	State 02903	Zip
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Helen MacDonald		Director Name Christopher Marsella			
Street Address 188 Benefit Street		Street Address 188 Benefit Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Karen Lustig		Director Name			
Street Address 188 Benefit Street		Street Address			
City Providence	State RI	Zip 02903	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 Helen MacDonald, President				Date 6/3/16	
Signature of Officer/Authorized Representative <i>Helen G. MacDonald</i>				SIGN DOCUMENT HERE	

FILED

JUN 06 2016

By *207695*