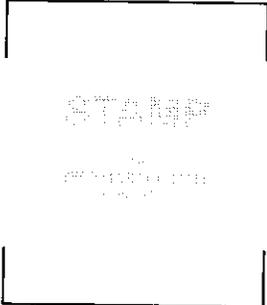




**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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	
41136		Robin Hollow Condominium Association	
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island	
R.I		Condo Association	
5. Principal Office Address		City	State
1455 Mineral Spring Ave		North Providence	R.I
		Zip	02904
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Laurence Levey		Vice-President Name Vincent Borrelli	
Street Address PO Box 2283		Street Address 37 Beverly Circle	
City Plainville	State MASS	City Greenville	State R.I
Zip 02762		Zip 02828	
Secretary Name Jaime Levey		Treasurer Name Laurence Levey	
Street Address PO BOX 2283		Street Address PO BOX 2283	
City Plainville	State MASS	City Plainville	State MASS
Zip 02762		Zip 02762	
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 Laurence Levey		Director Name Vincent Borrelli	
Street Address PO BOX 2283		Street Address 37 Beverly Circle	
City Plainville	State MASS	City Greenville	State R.I
Zip 02762		Zip 02828	
Director Name Jaime Levey		Director Name	
Street Address PO BOX 2283		Street Address	
City Plainville	State MASS	City	State
Zip 02762		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 841.			
<i>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>			
<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		Date	
Laurence Levey(president)		6/2/2016	
Signature of Officer/Authorized Representative			
SIGN DOCUMENT HERE			

FILED

JUN 06 2016

73105

BY