



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

STAMP
JUN 06 2016
CORPORATIONS

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			
41138		Canterbury Village 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	Zip	
1455 Mineral Spring Ave		North Providence	R.I	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	Zip 02762	City Greenville	State R.I	Zip 02828
Secretary Name Ken Patterson			Treasurer Name Vincent Borrelli		
Street Address 74 Edgehill Road			Street Address PO BOX 2283		
City Sharon	State MASS	Zip 02067	City Greenville	State R.I	Zip 02828
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	Zip 02762	City Greenville	State R.I	Zip 02828
Director Name Ken Patterson			Director Name		
Street Address 74 Edgehill Road			Street Address		
City Sharon	State MASS	Zip 02067	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.					
<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 Laurence Levey(president)				Date 6/2/2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

JUN 06 2016

BY

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