



**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			
28886		Alpheus S. Packard Condominium Association, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Manage the affairs of the condominium association			
5. Principal Office Address			City	State	Zip
181 Knight Street			Warwick	RI	02886
6. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Margaret Marty			Vice-President Name Jacqueline A. Moran		
Street Address 275 Angell Street, #3			Street Address 275 Angell Street, #1		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	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 Margaret Marty			Director Name Jacqueline A. Moran		
Street Address 275 Angell Street, #3			Street Address 275 Angell Street, #1		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02906
Director Name Heidi Wilner			Director Name		
Street Address 275 Angell Street, #2			Street Address		
City Providence	State RI	Zip 02906	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 Margaret Marty					Date 5-25-16
Signature of Officer/Authorized Representative <i>Margaret Marty</i>					SIGN DOCUMENT HERE

FILED *oz*

JUN 14 2016

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