



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			
57058		Squires Place 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 Sajeew Handa			Vice-President Name Ronald Spagnole		
Street Address 21 Miles Avenue			Street Address 23 Miles Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Linda Duffell			Treasurer Name Kelvin Gillman		
Street Address 31 Noon Hill Avenue			Street Address 15 Miles Avenue		
City Norfolk	State MA	Zip 02056	City Providence	State RI	Zip 02906
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 Sajeew Handa			Director Name Ronald Spagnole		
Street Address 21 Miles Avenue			Street Address 23 Miles Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Linda Duffell			Director Name Kelvin Gillman ERIN CARROLL		
Street Address 31 Noon Hill Avenue			Street Address 27 15 Miles Avenue		
City Norfolk	State MA	Zip 02056	City Providence	State RI	Zip 02906
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Sajeew Handa, President				Date 5/29/16	
Signature of Officer/Authorized Representative 					

FILED

JUN 17 2016

BY 5/25/16
A.A.