



**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			
39838		Urban Arms Condominium Association			
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 Clarisse Ferreira			Vice-President Name		
Street Address 53 Urban Avenue, #3B			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Carl Dufault			Treasurer Name Suzanne Goguen		
Street Address 45 Urban Avenue, #5A			Street Address 53 Urban Avenue, #5B		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
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 Clarisse Ferreira			Director Name Carl Dufault		
Street Address 53 Urban Avenue, #3B			Street Address 45 Urban Avenue, #5A		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Director Name Suzanne Goguen			Director Name		
Street Address 53 Urban Avenue, #5B			Street Address		
City North Providence	State RI	Zip 02904	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 Clarisse Ferreira, President <i>Clarisse Ferreira</i>					Date 6-1-16
Signature of Officer/Authorized Representative					

FILED
JUN 17 2016
BY 542532 DS