



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

Annual Report for the year: 2016
Non-Profit Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

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- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

| | | | | | |
|--|-----------------|--|--|--------------------------|---------------------|
| 1. Entity ID Number 000033636 | | 2. Exact name of the Corporation Tamarac Condominium Association, Inc. | | | |
| 3. State of Incorporation RI | | 4. Brief description of the character of business conducted in Rhode Island <i>The management of all affairs of the Tamarac Condominium Association</i> | | | |
| 5. Principal Office Address c/o C.R.S. Mgmt 786 Oaklawn Ave | | | City Cranston | State RI | Zip 02920 |
| 6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Marilyn Lake | | | Vice-President Name Irene McCormick | | |
| Street Address 2D Tamarac Drive | | | Street Address 23E Tamarac Drive | | |
| City Greenville | State RI | Zip 02828 | City Greenville | State RI | Zip 02828 |
| Secretary Name Marilyn Adams | | | Treasurer Name Irene McCormick | | |
| Street Address 22C Tamarac Drive | | | Street Address 23E Tamarac Drive | | |
| City Greenville | State RI | Zip 02828 | City Greenville | State RI | 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 Marilyn Lake | | | Director Name Irene McCormick | | |
| Street Address 2D Tamarac Drive | | | Street Address 23E Tamarac Drive | | |
| City Greenville | State RI | Zip 02828 | City Greenville | State RI | Zip 02828 |
| Director Name Kimberly Del Santo | | | Director Name Marilyn Adams | | |
| Street Address 16A Tamarac Drive | | | Street Address 22C Tamarac Drive | | |
| City Greenville | State RI | Zip 02828 | City Greenville | State RI | Zip 02828 |
| 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 Carlene DelNero | | | | Date 6-20-2016 | |
| Signature of Officer/Authorized Representative <i>Carlene DelNero</i> | | | | SIGN DOCUMENT HERE | |

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JUN 23 2016

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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