



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000046854

2. Name of Corporation The Middletown Tradesmen's Center Condominium Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 41 LONG WHARF MALL
P.O. BOX 3816

City or Town: NEWPORT

State: RI Zip: 02840 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

RUNNING A CONDOMINIUM ASSOCIATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	DEBRA A KAVANAGH	15 SCHOONER DRIVE PORTSMOUTH, RI 02871 USA
SECRETARY	JOANNE ADAM	15 BERKELEY AVENUE NEWPORT, RI 02840 USA

VICE PRESIDENT	FRANK TONER JR	307 OLIPHANT LANE UNIT 10 MIDDLETOWN, RI 02842 USA
DIRECTOR	WILLIAM NEDDERMAN	307 OLIPHANT LANE UNIT 27 MIDDLETOWN, RI 02842 USA
DIRECTOR	SCOTT TONER	307 OLIPHANT LANE UNIT 10 MIDDLETOWN, RI 02842 USA
DIRECTOR	JEFFREY C ADAM	360 THAMES ST 4B NEWPORT, RI 02840 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOANNE R. ADAM 41 LONG WHARF MALL P.O. BOX 3816 NEWPORT , RI 02840

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 28 Day of June, 2016 at 3:08:48 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOANNE R ADAM
Signature of Authorized Person

Form No. 631
Revised 09/07