



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. 000070114

2. Name of Corporation Killey Square Condominium Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 229
City or Town: GREENVILLE State: RI Zip: 02828 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

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PAMELA DEPAOLO	222 KILLEY AVENUE, UNIT 5 WARWICK, RI 02889 USA
DIRECTOR	GRACE BERTOLDI	222 KILLEY AVENUE, UNIT 11 WARWICK, RI 02889 USA
DIRECTOR	ALFRED LAMOTHE	222 KILLEY AVENUE, UNIT 20

DIRECTOR	BARBARA CROCKER	WARWICK, RI 02889 USA 222 KILLEY AVENEUE WARWICK, RI 02889 USA
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**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**

KAREN A. BELLUCCI SELECTIVE PROPERTY MGMT., INC. 17 MANN SCHOOL ROAD SMITHFIELD ,
RI 02917

**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 5:45:50 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 KAREN A. BELLUCCI
Signature of Authorized Person

Form No. 631
Revised 09/07

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