



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

Annual Report for the year: 2016
Non-Profit Corporation

- 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 <u>135034</u>		2. Exact name of the Corporation <u>AAR Condominium Association</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Condo Association</u>			
5. Principal Office Address <u>222 Broadway</u>		City <u>Providence</u>		State <u>RI</u>	Zip <u>02903</u>
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Thomas Belknap</u>		Vice-President Name <u>Neelan Patel</u>			
Street Address <u>315 Galloway View</u>		Street Address <u>116 Albert Ave 2nd Fl</u>			
City <u>Milton</u>	State <u>MA</u>	Zip <u>01864</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>
Secretary Name <u>David Sampson</u>		Treasurer Name			
Street Address <u>118 Albert Ave 1st Fl</u>		Street Address			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	City	State	Zip
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 <u>Thomas Belknap</u>		Director Name <u>Neelan Patel</u>			
Street Address <u>315 Galloway View</u>		Street Address <u>116 Albert Ave 2nd Fl</u>			
City <u>Milton</u>	State <u>MA</u>	Zip <u>01864</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>
Director Name <u>David Sampson</u>		Director Name			
Street Address <u>118 Albert Ave 1st Fl</u>		Street Address			
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <u>Thomas Belknap</u>				Date <u>6/17/16</u>	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

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

JUN 30 2016
BY 1338 A.A.