

State of Rhode Island and Providence Plantations

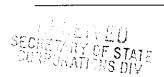
## **Department of State - Business Services Division**

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.



2016 JUL - 1 AH 10: 53

1. Entity ID Number	2. Exact name of the Corporation					
000164309	Mill Pond Village Condominium Association					
2 Ctate of Incorporation						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
RI	Home Owners' Association of condominum complex					
5. Principal Office Address			City	State	Zip	
100 Mill Pond Rd.			Harrisville	RI	02830	
6. List ALL officers (names and addresses)  Check the box to indicate an att					dicate an attachment 🔲	
President Name (Vacant)			Vice-President Name Paul DeBlois			
Street Address			Street Address 76 Mill Pond Rd.			
City	State	Zip	<sup>City</sup> Harrisville	State RI	<sup>Zip</sup> 02830	
Secretary Name (Vacant)			Treasurer Name Bethany Caron			
Street Address			Street Address 39 Mill Pond Rd.			
City	State	Zip	<sup>City</sup> Harrisville	State RI	<sup>Zip</sup> 02830	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name Ron Inzer			Director Name Paul DeBlois			
Street Address 41 Mill Pond Rd.			Street Address 76 Mill Pond Rd.			
<sup>City</sup> Harrisville	State RI	<sup>Zip</sup> 02830	<sup>City</sup> Harrisville	State RI	<sup>Zip</sup> 02830	
Director Name Bethany Caron		•	Director Name			
Street Address 39 Mill Pond Rd.			Street Address			
City Harrisville	State RI	<sup>Zip</sup> 02830	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				Date	Date	
Paul DeBlois				06.30.2016	06.30.2016	
Signature of Officer/Authorized Representative						
Paul A Deblus SIGN DOCUMENT HERE						

FILED

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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov BY Du 278161

FORM 631 - Revised: 05/2016