RI SOS Filing Number: 201601252340 Date: 07/01/2016 4:00 PM

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

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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	2. Exact name of the Corporation
000164309	**Mill Pond Village Condominium Association**
3. State of Incorporation	4. 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 attachment ☐

President Name **(Vacant)**			Vice-President Name **Paul DeBlois**		
Street Address			Street Address **76 Mill Pond Rd.**		
City	State	Zip	City **Harrisville**	State **RI**	Zip **02830**
Secretary Name **(Vacant)**			Treasurer Name **Bethany Caron**		
Street Address			Street Address **39 Mill Pond Rd.**		
City	State	Zip	City **Harrisville**	State **RI**	Zip **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.**		
City **Harrisville**	State **RI**	Zip **02830**	City **Harrisville**	State **RI**	Zip **02830**
Director Name **Bethany Caron**			Director Name		
Street Address **39 Mill Pond Rd.**			Street Address		
City **Harrisville**	State **RI**	Zip **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
Paul DeBlois	**06.30.2016**

Signature of Officer/Authorized Representative
Paul A DeBlois SIGN DOCUMENT HERE

FILED
JUL 01 2016
BY 278161

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

188886-1-1116323

FORM 631 - Revised: 05/2016