



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>736954</u>		2. Exact name of the Corporation <u>Halsey 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>22 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>Todd Winkler</u>		Vice-President Name <u>Eva Sutton</u>	
Street Address <u>22 Halsey St. #4</u>		Street Address <u>22 Halsey St. #3</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
Secretary Name <u>Theresa Conway</u>		Treasurer Name <u>Kevin Cain</u>	
Street Address <u>22 Halsey St. #1</u>		Street Address <u>22 Halsey St. #5</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
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>Todd Winkler</u>		Director Name <u>Theresa Conway</u>	
Street Address <u>22 Halsey St. #4</u>		Street Address <u>22 Halsey St. #1</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
Director Name <u>Eva Sutton</u>		Director Name <u>Kevin Cain</u>	
Street Address <u>22 Halsey St. #3</u>		Street Address <u>22 Halsey St. #5</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
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>Todd Winkler</u> <u>Todd Winkler</u>			Date <u>6/17/16</u>
Signature of Officer/Authorized Representative <u>Todd Winkler</u>			SIGN DOCUMENT HERE

FILED

JUL 11 2016

BY KL 1150

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

FORM 631 - Revised: 05/2016