



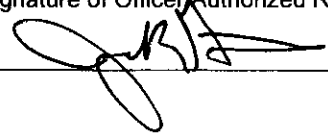
**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 | Email: corporations@sos.ri.gov | Website: www.sos.ri.gov

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
57439		THE SUNNYBROOK Estates CONDOMINIUM ASSOCIATION, INC.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RHODE ISLAND		Condominium Homeowners Association			
5. Principal Office Address			City	State	Zip
62 Plum Road			East Providence	RI	02915
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jack Goodison			Vice-President Name		
Street Address 244 Burlingham Ave.			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip 02915
Secretary Name Mary E. Buonanno			Treasurer Name Jack Goodison		
Street Address 68 Plum Rd.			Street Address 244 Burlingham Ave.		
City E. Providence	State RI	Zip 02915	City North Kingstown	State RI	Zip 02915
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 Mary Cholewiak			Director Name Steven Perry		
Street Address 58 Plum Rd.			Street Address 62 Plum Rd.		
City E. Providence	State RI	Zip 02915	City E. Providence	State RI	Zip 02915
Director Name Jack Goodison			Director Name		
Street Address 244 Burlingham Ave.			Street Address		
City North Kingstown	State RI	Zip 02852	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Jack Goodison					Date 5-31-2016
Signature of Officer/Authorized Representative 					

FILED
JUL 27 2016 *02*

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