



State of Rhode Island & 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 57796		2. Exact name of the Corporation Rose Garden Condominium Association, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association			
5. Principal Office Address 404 Post Road		City Warwick		State RI	Zip 02888
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Camille Cataldo			Vice-President Name Tara Edwards		
Street Address 404 Post Road, #7			Street Address 404 Post Road, #4		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Tara Edwards			Treasurer Name Kerri-Lynn Potter		
Street Address 404 Post Road, #4			Street Address 404 Post Road #6		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Camille Cataldo			Director Name Kerri-Lynn Potter		
Street Address 404 Post Road #7			Street Address 404 Post Road #6		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name Tara Edwards			Director Name		
Street Address 404 Post Rd. #4			Street Address		
City Warwick	State RI	Zip 02888	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.					
<b>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.</b>					
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 Camille Cataldo, President				Date July 21, 2016	
Signature of Officer/Authorized Representative <i>Camille Cataldo</i>				SIGNATURE DOCUMENT HERE	

FILED

AUG - 4 2016

BY