



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>69653</b>		2. Exact name of the Corporation <b>Kenyon Association Condominium Inc.</b>		
3. Principal office address <b>171 Oak Hill Avenue</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
4. Business Phone No. <b>401-641-6410</b>		5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Homeowners' Association - land condominium</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Stuart Robinson</b>		Vice-President Name <b>Judi Grant</b>		
Street Address <b>1151 Succotash Road</b>		Street Address <b>1187 Succotash Road</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>
Secretary Name <b>Lydia Pastuszek (recording secretary)</b>		Treasurer Name <b>Carol Berk</b>		
Street Address <b>1197 Succotash Road</b>		Street Address <b>171 Oak Hill Avenue</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Pawtucket</b>	State <b>RI</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>Vincent DiSpigno (corresponding secretary)</b>		Director Name <b>-----</b>		
Street Address <b>1160 Succotash Road</b>		Street Address		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.		NUMBER OF SHARES <b>1000</b>	CLASS/SERIES <b>CNP</b>	PAR VALUE <b>\$0.00</b>

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 CORPORATIONS DIV  
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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
 FOR SECRETARY OF STATE USE

**FILED**

**JAN 06 2017**

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.

*Carol A. Berk*  
 Signature of Authorized Representative Date

**Carol A. Berk**  
 Print or Type Name of Authorized Representative

By: 578