



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2016 JAN 26 PM 12:31

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 JO