



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

**Annual Report for the year: 2017**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

|   |                 |   |   |                       |                     |
|---|-----------------|---|---|-----------------------|---------------------|
| 1. Entity ID Number<br><b>46145</b>   |                 | 2. Exact name of the Corporation<br><b>THE MEADOWS PROFESSIONAL OFFICE PARK CONDOMINIUMS, LTD.</b>                                      |   |                       |                     |
| 3. Principal Office Address<br><b>1130 TEN ROD ROAD, E-207</b>  |                 |   | City<br><b>NORTH KINGSTOWN</b>  | State<br><b>RI</b>    | Zip<br><b>02852</b> |
| 4. NAICS Code<br><b>53 - Real Estate and Rental and</b>   |                 | 6. Brief description of the character of business conducted in Rhode Island<br><b>SALE, LEASING AND MANAGEMENT OF CONDOMINIUM UNITS</b> |   |                       |                     |
| 5. State of Incorporation<br><b>RHODE ISLAND</b>  |                 |   |   |                       |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |   |   |                       |                     |
| President Name <b>LYNN F. MORAN</b>   |                 |   | Vice-President Name <b>STEVEN MORAN</b>   |                       |                     |
| Street Address <b>1130 TEN ROAD ROAD, E-207</b>   |                 |   | Street Address <b>1130 TEN ROAD ROAD, E-207</b>   |                       |                     |
| City <b>NORTH KINGSTOWN</b>   | State <b>RI</b> | Zip <b>02852</b>  | City <b>NORTH KINGSTOWN</b>   | State <b>RI</b>       | Zip                 |
| Secretary Name <b>LYNN F. MORAN</b>   |                 |   | Treasurer Name <b>STEVEN MORAN</b>  |                       |                     |
| Street Address <b>1130 TEN ROAD ROAD, E-207</b>   |                 |   | Street Address <b>1130 TEN ROAD ROAD, E-207</b>   |                       |                     |
| City <b>NORTH KINGSTOWN</b>   | State <b>RI</b> | Zip <b>02852</b>  | City <b>NORTH KINGSTOWN</b>   | State <b>RI</b>       | Zip <b>02852</b>    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |   |                       |                     |
| Director Name <b>LYNN F. MORAN</b>  |                 |   | Director Name <b>STEVEN MORAN</b>   |                       |                     |
| Street Address <b>1130 TEN ROAD ROAD, E-207</b>   |                 |   | Street Address <b>1130 TEN ROAD ROAD, E-207</b>   |                       |                     |
| City <b>NORTH KINGSTOWN</b>   | State <b>RI</b> | Zip <b>02852</b>  | City <b>NORTH KINGSTOWN</b>   | State <b>RI</b>       | Zip <b>02852</b>    |
| Director Name   |                 |   | Director Name   |                       |                     |
| Street Address  |                 |   | Street Address  |                       |                     |
| City  | State           | Zip   | City  | State                 | Zip                 |
| 9. Shares Authorized  |                 |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                       |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                 |   | NUMBER OF SHARES  |                       | CLASS/SERIES        |
|   |                 |   |   |                       | PAR VALUE           |
|   |                 |   | <b>51</b>   | <b>COMMON/CLASS A</b> | <b>\$.01</b>        |
|   |                 |   | <b>149</b>  | <b>COMMON/CLASS B</b> | <b>\$.01</b>        |
| 11. 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. |                 |   |   |                       |                     |
| <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>                                       |                 |   |   |                       |                     |
| Name of Authorized Representative<br><b>LYNN F. MORAN</b>   |                 |   |   |                       | Date                |
| Signature of Authorized Representative  |                 |   |   |                       |                     |

**FILED**

JAN 24 2017

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