RI SOS Filing Number: 201743217560 Date: 5/15/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

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	2. Exact name of the Corporation
000063354	**Townhouses nat Bonnet Shores Condominium Associati**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**Association for the business management of 11 condominiums**

5. Principal Office Address	City	State	Zip
1029 Boston Neck Road, Box 12	**Narragansett**	**RI**	**02882**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Christopher Cantanzaro**			Vice-President Name **Mary Nicolich**		
Street Address **79 Secluded Drive**			Street Address **1029 Boston Neck Road, Unit 1**		
City **Narragansett**	State **RI**	Zip **02882**	City **Narragansett**	State **RI**	Zip **02882**
Secretary Name **Maria Montaquila**			Treasurer Name **Laurinda Willis**		
Street Address **1029 Boston Neck Road, Unit 5**			Street Address **1029 Boston Neck Road, Unit 10**		
City **Narragansett**	State **RI**	Zip **02882**	City **Narragansett**	State **RI**	Zip **02882**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **Mary Nicolich**			Director Name **Maria Montaquila**		
Street Address **1029 Boston Neck Road, Unit 1**			Street Address **1029 Boston Neck Road, Unit 5**		
City **Narragansett**	State **RI**	Zip **02882**	City **Narragansett**	State **RI**	Zip **02882**
Director Name **Laurinda Willis**			Director Name		
Street Address **1029 Boston Neck Road, Unit 10**			Street Address		
City **Narragansett**	State **RI**	Zip **02882**	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.

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	Date
Laurinda Willis	**5/10/2017**

Signature of Officer/Authorized Representative

Laurinda Willis

FILED

MAY 15 2017

BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 02/2017