



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

2017 JUN - 1 AM 10:58
 R.I. DEPARTMENT OF STATE
 BUSINESS SERVICES DIV.

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 123133		2. Exact name of the Corporation Two Thomas Street Owner's Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island conduct the business of a condo association.	
4. NAICS Code 813990			
6. Principal Office Address c/o Armory Management Company		City 334 Broadway	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Daniel Baudouin		Vice-President Name Peter Steingraber	
Street Address Two Thomas St. Unit 200		Street Address Two Thomas St #300	
City Providence	State RI	City Prov.	State RI
Zip 02903		Zip 02903	
Secretary Name Marie Retteo		Treasurer Name Marie Retteo	
Street Address Cape Choklen, Two Thomas, #400		Street Address Cape Choklen, Two Thomas #400	
City Prov.	State RI	City Prov.	State RI
Zip 02903		Zip 02903	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Daniel Baudouin		Director Name Peter Steingraber	
Street Address Two Thomas St, Unit 200		Street Address Two Thomas St #300	
City Prov.	State RI	City Prov	State RI
Zip 02903		Zip 02903	
Director Name Marie Retteo		Director Name	
Street Address Cape Choklen, Two Thomas #400		Street Address	
City Prov.	State RI	City	State
Zip 02903		Zip	
9. 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 DANIEL BAUDOUIN, President			Date 5/30/17
Signature of Officer/Authorized Representative 			

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

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FORM 631 - Revised: 05/2017