



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 7654		2. Exact name of the Corporation LINDHBROOK GREEN CONDOMINIUM ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island ADMINISTER PROPERTY IN HOPKINTON, RI KNOWN AS LINDHBROOK GREEN CONDOS.			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 20 POND VIEW DRIVE			City HOPE VALLEY	State RI	Zip 02832
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARTIN H. GROSSMUELLER			Vice-President Name ZYG LEWANDOWSKI		
Street Address 8 HEATHER LANE			Street Address 18 PALMER CIRCLE		
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY	State RI	Zip 02832
Secretary Name SUSAN TUCKER			Treasurer Name DAVID DOWEIKO		
Street Address 2 PALMER CIRCLE			Street Address 2 HEATHER LANE		
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY	State RI	Zip 02832
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 MARTIN H. GROSSMUELLER			Director Name JULIA WORK		
Street Address 8 HEATHER LANE			Street Address 15 WOODLAWN CIRCLE		
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY	State RI	Zip 02832
Director Name ZYG LEWANDOWSKI			Director Name		
Street Address 18 PALMER CIRCLE			Street Address		
City HOPE VALLEY	State RI	Zip 02832	City	State	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative SUSAN TUCKER, SECRETARY					Date 6/2/17
Signature of Officer/Authorized Representative <i>Susan Tucker</i>					

FILED

JUN 07 2017

BY 4160

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