



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

*Filing Period: June 1 - June 30*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000080971

**2. Name of Corporation** LILY PADS PROFESSIONAL CONDOMINIUM ASSOCIATION

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813990

**4. Corporate Address in Rhode Island**

No. and Street: 133 OLD TOWER HILL ROAD, SUITE 1

City or Town: WAKEFIELD

State: RI Zip: 02879 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROVIDE FOR THE ADMINISTRATION, OPERATION, MANAGEMENT,  
MAINTENANCE, PRESERVATION AND CONTROL OF THE LILY PADS PROFESSIONAL  
CONDOMINIUM ASSOCIATION.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROBERT DONFRANCESCO	9 SOMERSET ST. EAST GREENWICH, RI 02818 USA
TREASURER	M. ROBERT O'NEILL	P.O. BOX #33 PEACE DALE, RI 02883 USA
SECRETARY	CRHISTOPHER R. DEPAOLA	135 NORTH RD. PEACE DALE, RI 02879 USA
DIRECTOR	M. ROBERT ONEILL	PO BOX 33 PEACE DALE, RI 02883 USA
DIRECTOR	ROBERT DONFRANCESCO	9 SOMERSET ST. EAST GREENWICH, RI 02818 USA
DIRECTOR	CHRISTOPHER R. DEPAOLA	135 NORTH RD. PEACE DALE, RI 02879 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

STEPHEN B. KENYON 133 OLD TOWER HILL ROAD, SUITE 1 WAKEFIELD , RI 02879

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 7 Day of July, 2017 at 1:11:17 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By M. ROBERT O'NEILL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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