



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 <u>547321</u>		2. Exact name of the Corporation <u>1266 Westminister Condominium Homeowners Association</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island	
4. NAICS Code <u>813990</u>		<u>Condo Association</u>	
6. Principal Office Address <u>220 Broadway</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02903</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>John Bergman</u>		Vice-President Name <u>Tina Wang</u>	
Street Address <u>1266 Westminister St #600</u>		Street Address <u>1266 Westminister St #120</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Mark Van Noppen</u>		Director Name <u>Tina Wang</u>	
Street Address <u>1266 Westminister St #300</u>		Street Address <u>1266 Westminister #120</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02906</u>
Director Name <u>John Bergman</u>		Director Name	
Street Address <u>1266 Westminister St #600</u>		Street Address	
City <u>Providence</u>	State <u>RI</u>	City	State
Zip <u>02906</u>		Zip	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<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>			
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 <u>JOHN BERGMAN</u>			Date <u>26th June 2017</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>			

FILED

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

JUL 07 2017  
BY 1755