



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

FILED

AUG 09 2017

BY AOC 709981
 1:26pm

2017 AUG -9 PM 1:26
 R.I. DEPT. OF STATE
 BUS SVCS 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 126648		2. Exact name of the Corporation 755 Lofts Owners Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island CONDUCTING THE BUSINESS OF THE OWNERS ASSOCIATION OF 755 LOFTS CONDOMINIUM			
4. NAICS Code 813990 - Other Similar Orga		TITLE: 7-6			
6. Principal Office Address c/o GSL LLC 14 BREAKNECK HILL ROAD, SUITE 203			City LINCOLN	State RI	Zip 02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MADELYNE CUDEBACK			Vice-President Name		
Street Address 755 WESTMINSTER STREET, UNIT 404			Street Address		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name H. LEBARON PRESTON			Treasurer Name JEFFREY NALLY		
Street Address 334 BROADWAY			Street Address 755 WESTMINSTER STREET, UNIT 401		
City PROVIDENCE	State RI	Zip 02909	City PROVIDENCE	State RI	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 MADELYNE CUDEBACK			Director Name H. LEBARON PRESTON		
Street Address 755 WESTMINSTER STREET, UNIT 404			Street Address 334 BROADWAY		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02909
Director Name JEFFREY NALLY			Director Name		
Street Address 755 WESTMINSTER STREET, UNIT 401			Street Address		
City PROVIDENCE	State RI	Zip 02903	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 <u>Elizabeth Henley Managing Agent</u>					Date <u>8/9/17</u>
Signature of Officer/Authorized Representative <u>[Signature]</u>					

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