



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 125303
2. Name of Corporation The Abingdon at Westminster Crossing Condominium Association
3. State of Incorporation RHODE ISLAND
4. Corporate address in Rhode Island -Street Address 715 WESTMINSTER STREET, #3
City Providence Zip 02903-
State RI

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
TO OPERATE AND MANAGE RESIDENTIAL AND COMMERCIAL CONDOMINIUM

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Daniel C. Cady SUSAN LEW	Vice President Name Susan Lew DANIEL CADY
Street Address 715 Westminster Street #2	Street Address 715 Westminster Street #3
City Providence State RI Zip 02903	City Providence State RI Zip 02903
Secretary Name Amy Brown	Treasurer Name James V. DeRentis
Street Address 715 Westminster Street #1	Street Address 715 Westminster Street #3
City Providence State RI Zip 02903	City Providence State RI Zip 02903

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23.

Director Name James V. DeRentis	Director Name Daniel C. Cady
Street Address 715 Westminster Street #3	Street Address 715 Westminster Street #3
City Providence State RI Zip 02903	City Providence State RI Zip 02903
Director Name Scott A. Ritch	Director Name N/A
Street Address 2 Williams Street	Street Address
City Providence State RI Zip 02903	City State Zip

9. REGISTERED AGENT IN RHODE ISLAND -DO NOT ALTER- Changes require filing of Form 641 -R.I.G.L. 7-6-13/7-6-78

Agent Name Scott A. Ritch, Esq.
Address 2 Williams Street
City Providence Zip 02903

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



125303 DNP 06/13/05 04:41:10 PM
File Date 6-26-05
Check No. 260
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] Date
Signature of Officer DANIEL C. CADY SUSAN LEW
Print or Type Name of Officer
President
Title of Officer
Form 631 Rev. 6/02



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 125303	2. Name of Corporation The Abingdon at Westminster Crossing Condominium Association		
3. State of Incorporation RHODE ISLAND	4. Corporate address in Rhode Island - Street Address 715 Westminster Street, #3	City Providence	Zip 02903
5. Foreign corporation: Enter principal office address		City	State Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
TO OPERATE AND MANAGE RESIDENTIAL AND COMMERCIAL CONDOMINIUM

7. NAMES AND ADDRESSES OF THE OFFICERS. (EX. BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Daniel C. Cady	Vice President Name N/A SUSAN LEW
Street Address 715 Westminster Street #3	Street Address 715 WESTMINSTER ST. #2
City Providence	City PROV
State RI	State RI
Zip 02903	Zip 02903
Secretary Name James V. DeRentis AMY BROWN	Treasurer Name James V. DeRentis
Street Address 715 Westminster Street #1	Street Address 715 Westminster Street #3
City Providence	City Providence
State RI	State RI
Zip 02903	Zip 02903

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Director Name James V. DeRentis	Director Name Daniel C. Cady
Street Address 715 Westminster Street #3	Street Address 715 Westminster Street #3
City Providence	City Providence
State RI	State RI
Zip 02903	Zip 02903
Director Name Scott A. Ritch	Director Name N/A
Street Address 2 Williams Street	Street Address
City Providence	City
State RI	State
Zip 02903	Zip

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 641 and a fee.

Agent Name SCOTT A. RITCH, ESQ.	Address 2 Williams Street
Address	City Providence
	Zip 02903

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 2 5 3 0 3

125303 DNP 06/07/04 05:13:31 PM

File Date 6/28/04

Check No. 200

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] Date _____

Signature of Officer
Daniel C. Cady
Print or Type Name of Officer
President
Title of Officer



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AND PROVIDENCE PLANTATIONS
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Matthew A. Brown, Secretary of State
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NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

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President Name Daniel C. Cady			Vice President Name N/A		
Street Address 715 Westminster Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name James V. DeRentis			Treasurer Name James V. DeRentis		
Street Address 715 Westminster Street			Street Address 715 Westminster Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903

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THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3) (R.I.G.L. 7-6-2)

Director Name James V. DeRentis			Director Name Daniel C. Cady		
Street Address 715 Westminster Street			Street Address 715 Westminster Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Scott A. Ritch			Director Name		
Street Address 2 Williams Street			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 (R.I.G.L. 7-6-78)

Agent Name SCOTT A. RITCH, ESQ.	Address 2 WILLIAMS STREET
Address	City PROVIDENCE
	Zip 02903-

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



**125303* 7/11/03 11:57:48 AM*

File Date 7-15-03

Check No. 125

By: AMF

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 7.14.03

Print or Type Name of Officer JAMES V. DeRentis

Title of Officer SECRETARY

Form 631 Rev. 6/02