



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**
Non-Profit CorporationAMENDED

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 RECEIVED
 R.I. DEPT. OF STATE
 BUSINESS DIV.

1. Entity ID Number 000063354		2. Exact name of the Corporation Townhouses at Bonnet Shores Condominium Association			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Association for the business management of 11 condominiums			
5. Principal Office Address 1029 Boston Neck Road, Box 12			City Narragansett	State RI	Zip 02882
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Maria Montaquila			Vice-President Name Mary Nicolich		
Street Address 1029 Boston Neck Road, Unit 5			Street Address 1029 Boston Neck Road, Unit 1		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name Anne Lague			Treasurer Name Laurinda Willis		
Street Address 64 Pepperbush Trail			Street Address 1029 Boston Neck Road, Unit 10		
City Saunderstown	State RI	Zip 02874	City Narragansett	State RI	Zip 02882
7. 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 Mary Nicolich			Director Name Maria Montaquila		
Street Address 1029 Boston Neck Road, Unit 1			Street Address 1029 Boston Neck Road, Unit 5		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Anne Lague			Director Name Laurinda Willis		
Street Address 64 Pepperbush Trail			Street Address 1029 Boston Neck Road, Unit 10		
City Saunderstown	State RI	Zip 02874	City Narragansett	State RI	Zip 02882
8. 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.					
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 Laurinda Willis				Date 7.31.17	
Signature of Officer/Authorized Representative <i>Laurinda Willis</i>				FILED	

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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

August 15, 2017 10:52 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

