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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Non-Profit Corporation

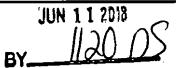
- -> Filing period: June 1 June 30
- → Filing Fee: \$20.00
- -> Penalty Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number	2. Exact name of the Corporation				
000057058	Squires Place Condominium Association, Inc.				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	Manage the affairs of the condominium association				
4. NAICS Code	1				
813990 - Other Similar Organiza					
6. Principal Office Address			City	State	Zıp
181 Knight Street			Warwick	RI	02886
7. List ALL officers (names and add	dressas)		ı	Check the box to indic	cate an attachment
President Name Sajeev Handa			Vice-President Name Ron Spagnole		
Street Address 21 Miles Avenue			Street Address 23 Miles Avenue		
City Providence	State RI	^{Zip} 02906	City Providence	State RI	Zıp 02906
Secretary Name Linda Duffell			Treasurer Name Erin Carroll		
Street Address 31 Noon Hill Avenue 25 miles me			Street Address 27 Miles Avenue		
City Norfolk Praidence	State MARE	ZIP 02058- 02.906	City Providence	State RI	Z _I p 02906
8. List ALL directors (names and a	ddresses). RI Cor	porations MUST li	st at least THREE directors.	Objects that have to make	
Director Name			Director Name	Check the box to indic	:ate an attachment L
Director Name Sajeev Handa			Director Name Ron Spagnole		
Street Address 21 Miles Avenue			Street Address 23 Miles Avenue		
Cily Providence	State RI	^{Z₁p} 02906	City Providence	State RI	^{Zip} 02906
Director Name Linda Duffell			Director Name Erin Carroll		
Street Address 31 Noon Hill Avenue			Street Address 27 Miles Avenue		
City Norfolk	State MA	^{Zip} 02056	City Providence	State RI	^{Zip} 02906
9. Registered Agent in Rhode Islar	nd. This information	is currently of record	d in the Department of State. Char	nges require filing Form 6	41.
Under penalty of perjury, I decla statements, and that all stateme				accompanying sched	ules and
This report must be signed by either the Pre	sident, Vice-President,	Secretary, Assistant Sc	ecretary, Treasurer, duly Authorized Rej	presentative, Receiver or Tru	stee
Name of Officer/Authorized Representative Date					
Sajeev Handa, President				MAY 25	12018
Signature of Officer/Authorized Re	presentative	SIGN DOC	UMENT HERE FI	LED	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 631 - Revised: 11/2017