



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.

1. Entity ID Number 000057058		2. Exact name of the Corporation Squires Place Condominium Association, Inc.							
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association							
4. NAICS Code 813990 - Other Similar Organiz:									
6. Principal Office Address 181 Knight Street				City Warwick		State RI		Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>									
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 Zip 02906	
Secretary Name Linda Duffell				Treasurer Name Erin Carroll					
Street Address 31 Noon Hill Avenue 25 miles ave				Street Address 27 Miles Avenue					
City Norfolk Providence		State MA RI		Zip 02056-02906		City Providence		State RI Zip 02906	
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 Sajeev Handa				Director Name Ron Spagnole					
Street Address 21 Miles Avenue				Street Address 23 Miles Avenue					
City Providence		State RI		Zip 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 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.									
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>									
Name of Officer/Authorized Representative Sajeev Handa, President							Date MAY 25, 2018		
Signature of Officer/Authorized Representative 							FILED SIGN DOCUMENT HERE		

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

JUN 11 2018
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