



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.

FILED

JUN 11 2018

BY

[Handwritten signature]
 1341

1. Entity ID Number 160023		2. Exact name of the Corporation Cheryl Court Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island residential condominium association			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 22 Unity Street		City Pawtucket	State RI	Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mary-Jo Lima			Vice-President Name Susan Bayley		
Street Address 18 Unity Street			Street Address 8 Unity Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Phil West			Treasurer Name David Newman		
Street Address 16 Unity Street			Street Address 14 Unity Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State	Zip 02860
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 Mary-Jo Lima			Director Name Susan Bayley		
Street Address 18 Unity Street			Street Address 8 Unity Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Phil West			Director Name David Newman		
Street Address 16 Unity Street			Street Address 14 Unity Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<i>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>					
<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 David Newman				Date June 5, 2018	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov