



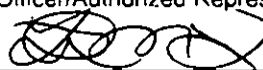
Department of State - Business Services Division

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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CORPORATIONS DIV

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1. Entity ID Number 000149412		2. Exact name of the Corporation Townhouse at Pawtuxet Cove Condominium Assoc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To manage a condominium association			
4. NAICS Code 813990 - Other Similar Organi <input type="checkbox"/>					
6. Principal Office Address 30 Narragansett Parkway		City Warwick		State RI	Zip 02888
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lynn A. McLaughlin			Vice-President Name Adrian Beaulieu		
Street Address 30 Narragansett Parkway			Street Address 36 Narragansett Parkway		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Secretary Name Kevin McVay			Treasurer Name Craig McAnagh		
Street Address 34 Narragansett Parkway			Street Address 28 Narragansett Parkway		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
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 Lynn A. McLaughlin			Director Name Adrian Beaulieu		
Street Address 30 Narragansett Parkway			Street Address 36 Narragansett Parkway		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
Director Name Kevin McVay			Director Name Craig McAnagh		
Street Address 34 Narragansett Parkway			Street Address 28 Narragansett Parkway		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
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.					
<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 Lynn A. McLaughlin				Date 16 Feb. 2019	
Signature of Officer/Authorized Representative 				FILED SIGN HERE	

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BY CN 6096B