RI SOS Filing Number: 201996059610 Date: 6/7/2019 4:00:00 PM

/63\
/ 88 1
1 2 2 1
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
~~/

State of Rhode Island and Providence Plantations

Department of State - Bysiness Services Division

FILED

Anr Nor → → →

nual Report for the yn-Profit Corporation	2013	JUN 0 7 2019		
Filing period: June 1 - June Filing Fee: \$20.00 Penalty: Additional \$25.00	e 30) fee if form is not filed by July 30.	ву		
Entity ID Number	2. Exact name of the Corporation Aquidneck Commercial Condo	aminium Association		

1. Entity ID Number 1335079	2. Exact name of the Corporation Aquidneck Commercial Condominium Association					
State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Manage commercial condominium development in Middletown, RI					
4. NAICS Code 813920 - Professional Organ			_			
6. Principal Office Address 23 Johnnycake Hill Road			City Middletown	State RI	Zip 02842	
7. List ALL officers (names and ad-	dresses)			Check the box to ind	cate an attachment	
President Name Robert J MacMillan			Vice-President Name David MacMillan			
Street Address 23 Johnnycake Hill Road			Street Address 23 Johnnycake Hill Road			
City Middletown	State RI	Z _{IP} 02842	City Middletown	State RI	Zip 02842	
Secretary Name Jo-Ann MacMillan			Treasurer Name Robert J MacMillan			
Street Address 23 Johnnycake Hill Road			Street Address 23 Johnnycake Hill Road			
City Middletown	State RI	Zip 02842	City Middletown	State RI	^{Zip} 02842	
8. List ALL directors (names and a	ddresses). RI C	orporations MUST	list at least THREE directors.	Check the box to indi	icate an attachment	
Director Name Robert J MacMillan			Director Name David MacMillan			
Street Address 23 Johnnycake Hill Road			Street Address 23 Johnnycake Hill Road			
^{Crty} Middletown	State RI	^{Zip} 02842	City Middletown	State RI	^{Zip} 02842	
Director Name Jo-Ann MacMillan			Director Name			
Street Address 23 Johnnycake Hill Road			Street Address			
City Middletown	State RI	^{Zip} 02842	City	State	Zip	
9. Registered Agent in Rhode Islan	nd. This informati	on is currently of reco	rd in the Department of State, Cha	nges require filing Form (541.	
Under penalty of perjury, I decla statements, and that all stateme			• • •	accompanying sched	lules and	
This report must be signed by either the Pre-	sident. Vice-Preside	int, Secretary, Assistant	Secretary, Treasurer, duly Authorized Re	presentative, Receiver or Tri	uste o .	
Name of Officer/Authorized Repre- David MacMillan	sentative			Date (/-	19	
Signature of Officer/Authorized Rep	presentative	SIGN DOC	CUMENT 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