



State of Rhode Island and Providence Plantations
 Department of State Business Services Division

Annual Report for the year: 2019
 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.

**STAMP
 FILED**

REG.
 SECRETARY OF STATE
 PROVIDENCE

JUN 14 2019

BY James Murphy

1. Entity ID Number 117682		2. Exact name of the Corporation FLAT RIVER CONDOMINIUM ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO PROVIDE FOR ADMINISTRATION AND OPERATION OF CONDOMINIUM ASSOCIATION			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address 3 RAYMOND'S POINT ROAD		City COVENTRY	State RI	Zip 02816	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BRETT WINDROW			Vice-President Name DAVID AMARAL		
Street Address 19 GINGER TRAIL			Street Address 20 RAYMOND'S POINT ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name BRETT WINDROW			Treasurer Name JAMES MURPHY		
Street Address 19 GINGER TRAIL			Street Address 12 ORRIN STREET		
City COVENTRY	State RI	Zip 02816	City WEST WARWICK	State RI	Zip 02893
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name PAUL HUTNAK			Director Name MATTHEW AMARAL		
Street Address 55 RAYMOND'S POINT ROAD			Street Address 36 RAYMOND'S POINT ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 022816
Director Name BRETT WINDROW			Director Name DAVID AMARAL		
Street Address 19 GINGER TRAIL			Street Address 20 RAYMOND'S POINT ROAD		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
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 JAMES MURPHY				Date JUNE 11, 2019	
Signature of Officer/Authorized Representative 				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

Entity ID Number 117682 Flat River Condominium Association

Additional directors:

James Murphy
12 Orrin Street
West Warwick, RI 02893

Lisa Arone
54 Raymond's Point Road
Coventry, RI 02816

Wesley Morey
57 Raymond's Point Road
Coventry, RI 02816

FILED

JUN 14 2019

BY 2202 DS

ID 117682