



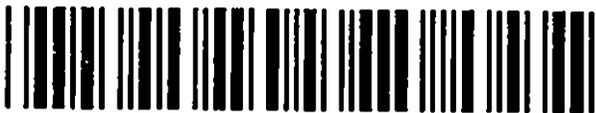
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 125132		2. Name of Corporation The Salt Pond Settlement Condominium Association			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address P.O. Box 1777		City New Shoreham	Zip 02807
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO ESTABLISH A CONDOMINIUM UNIT OWNERS' ASSOCIATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lewis H. Gaffett			Vice President Name Carole White		
Street Address P.O. Box 246			Street Address P.O. Box 805		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI	Zip 02807
Secretary Name Carole White			Treasurer Name Carole White		
Street Address P.O. Box 805			Street Address P.O. Box 805		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI	Zip 02807
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Lewis H. Gaffett			Director Name Linda Pearson		
Street Address P.O. Box 246			Street Address P.O. Box 805		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI	Zip 02807
Director Name Heather Hatfield			Director Name Rosemary Tobin		
Street Address P.O. Box 364			Street Address P.O. Box 805		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI	Zip 02807
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name THOMAS E. ROMANO			Address		
Address 30 EXCHANGE TERRACE			City PROVIDENCE	Zip 02903- 1765	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



125132

File Date 7-6-05
Check No. 2300
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

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.

Lewis H Gaffett - 6/30/05
Signature of Officer Date

Lewis H. Gaffett
Print or Type Name of Officer

President
Title of Officer

The Salt Pond Settlement Condominium Association
ID No. 125132

Section 8. Directors (cont.)

Philip Murphy
141 Taintor Drive
Southport, CT 06490

David Silverman
39 Sunset Road
Arlington, MA 02474



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 125132		2. Name of Corporation The Salt Pond Settlement Condominium Association			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address P.O. Box 1777		City New Shoreham	Zip 02807
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island TO ESTABLISH A CONDOMINIUM UNIT OWNERS' ASSOCIATION					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Lewis H. Gaffett			Vice President Name Carole White		
Street Address P.O. Box 246			Street Address P.O. Box 805		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI	Zip 02807
Secretary Name Carole White			Treasurer Name Carole White		
Street Address P.O. Box 805			Street Address P.O. Box 805		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI	Zip 02807
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <i>THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23</i>					
Director Name Lewis H. Gaffett			Director Name Carole White		
Street Address P.O. Box 246			Street Address P.O. Box 805		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI	Zip 02807
Director Name Harold Hatfield			Director Name Ferdinand Steyer		
Street Address P.O. Box 364			Street Address P.O. Box 1513		
City New Shoreham	State RI	Zip 02807	City New Shoreham	State RI	Zip 02807
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name THOMAS E. ROMANO			Address		
Address 30 EXCHANGE TERRACE			City PROVIDENCE	Zip 02903-1765	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 5 1 3 2 *

File Date 7/6/04 06 2004
Check No. 2194
By: DA
FOR SECRETARY OF STATE USE ONLY

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.

Lewis H. Gaffett 6/28/04
Signature of Officer Date

Lewis H. Gaffett
Print or Type Name of Officer

President
Title of Officer

The Salt Pond Settlement Condominium Association
ID No. 125132

Section 8. Directors (cont.)

Philip Murphy
141 Taintor Drive
Southport, CT 06490

David Silverman
39 Sunset Road
Arlington, MA 02474



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 125132		2. Name of Corporation The Salt Pond Settlement Condominium Association		
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address P.O. Box 1777		City New Shoreham
				Zip 02807
5. Foreign corporation. Enter principal office address		City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island. TO ESTABLISH A CONDOMINIUM UNIT OWNERS' ASSOCIATION				
7. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT () FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Lewis H. Gaffett			Vice President Name Carole White	
Street Address P.O. Box 805			Street Address P.O. Box 805	
City New Shoreham	State RI	Zip 02807	City New Shoreham	Zip 02807
Secretary Name Kate Connelly			Treasurer Name Carole White	
Street Address P.O. Box 1522			Street Address P.O. Box 805	
City New Shoreham	State RI	Zip 02807	City New Shoreham	Zip 02807
8. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT () FILL IN THE SPACES BEFORE USING ATTACHMENTS THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23				
Director Name Judith Cyronak			Director Name Harold Hatfield	
Street Address P.O. Box 1425			Street Address P.O. Box 364	
City New Shoreham	State RI	Zip 02807	City New Shoreham	Zip 02807
Director Name Philip Murphy			Director Name David Silverman	
Street Address 141 Taintor Drive			Street Address 39 Sunset Road	
City Southport	State CT	Zip 06490	City Arlington	Zip 02474
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78				
Agent Name THOMAS E. ROMANO			Address	
Address 30 EXCHANGE TERRACE			City PROVIDENCE	Zip 02903-1765

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 5 1 3 2 *

File Date	3/12/04
Check No.	2164
By	[Signature]
FOR SECRETARY OF STATE USE ONLY	

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.

[Signature] - 4/11/04
Date
Lewis H. Gaffett
Print or Type Name of Officer
President
Title of Officer

The Salt Pond Settlement Condominium Association
ID No. 125132

Section 8. Directors (cont.)

Ferdinand Steyer
102 Riverside Lane
Riverside, CT 06878