



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 140148		2. Name of Corporation 31-33 Doane Avenue Condominium Association			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island -Street Address 31 Doane Ave.		City Providence	Zip 02906
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 MANAGEMENT OF THE CONDOMINIUM ASSOCIATION FOR THE 31-33 DOANE AVENUE PROPERTIES THE					
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joshua Frederickson			Vice President Name David McCue		
Street Address 31 Doane Ave.			Street Address 33 Doane Ave.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input 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 Joshua Frederickson			Director Name David McCue		
Street Address 31 Doane Ave.			Street Address 33 Doane Ave.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Marion Frederickson			Director Name		
Street Address 31 Doane Ave.			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
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 Joshua A. Frederickson			Address		
Address 31 Doane Ave			City Providence	Zip 02906	

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



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140148 DNP 03/29/06 05:59:04 PM

File Date **FILED**

Check No. **APR 25 2006**

By: **By 170 GDB**

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.

Joshua Frederickson
Signature of Officer

3-29-06
Date

Joshua Frederickson
Print or Type Name of Officer

President
Title of Officer