



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. 133663		2. Name of Corporation ALBERT AVENUE CONDOMINIUM ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 70 ALBERT AVE		City CRANSTON	Zip 02905
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 ADMINISTER THE AFFAIRS OF THE CONDOMINIUM UNITS AT 70-72 ALBERT AVENUE, CRANSTON, RI					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAVIER G. RICO			Vice President Name PATRICIA A. GIBB		
Street Address 70 ALBERT AVE			Street Address 70 ALBERT AVE		
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905
Secretary Name			Treasurer Name LORI JOOZY		
Street Address			Street Address 72 ALBERT AVE		
City	State	Zip	City CRANSTON	State RI	Zip 02905
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 JAVIER G. RICO			Director Name LORI JOOZY		
Street Address 70 ALBERT AVE			Street Address 72 ALBERT AVE		
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905
Director Name PATRICIA A. GIBB			Director Name		
Street Address 70 ALBERT AVE			Street Address		
City CRANSTON	State RI	Zip 02905	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 / 7-6-21					
Agent Name JAVIER R. RICO			Address		
Address 70-72 ALBERT AVENUE			City CRANSTON	Zip 02905	

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



133663

File Date 6/21/05
Check No. 114 M69464
By: KML

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 of Officer Javier G. Rico Date 6/21/05
Print or Type Name of Officer JAVIER G. RICO
Title of Officer PRESIDENT



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7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JAVIER G. RICO			Vice President Name PATRICIA A. GIBB		
Street Address 70 ALBERT AVE #1			Street Address 70 ALBERT AVE #1		
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905
Secretary Name			Treasurer Name LORI JOORY		
Street Address			Street Address 70 ALBERT AVE #2		
City	State	Zip	City CRANSTON	State RI	Zip 02905
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 JAVIER G. RICO			Director Name LORI JOORY		
Street Address 70 ALBERT AVE #1			Street Address 70 ALBERT AVE #2		
City CRANSTON	State RI	Zip 02905	City CRANSTON	State RI	Zip 02905
Director Name PATRICIA A. GIBB			Director Name		
Street Address 70 ALBERT AVE #1			Street Address		
City CRANSTON	State RI	Zip 02905	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 JAVIER R. RICO			Address		
Address 70-72 ALBERT AVENUE			City CRANSTON	Zip 02905	

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



* 1 3 3 6 6 3 *

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 of Officer: *Javier G. Rico*
Date: _____
Print or Type Name of Officer: JAVIER G. RICO
Title of Officer: PRESIDENT

File Date: **FILED**
Check No: JUL 19 2004
By: *[Signature]*
FOR SECRETARY OF STATE USE ONLY