



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

FILED**Annual Report for the year: 2020****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.

JUN 17 2020

BY

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1. Entity ID Number 124886		2. Exact name of the Corporation Morrill Terrace Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO BE THE ASSOCIATION OF CONDOMINIUM OWNERS OF THE MORRILL TERRACE CONDOMINIUMS AND TO OPERATE THE CONDOMINIUMS TITLE: 7-6			
4. NAICS Code 813910 - Business Associati					
6. Principal Office Address 408 Broadway, 1st Floor			City Providence	State RI	Zip 02909
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Marissa Quinlan			Vice-President Name Stephanie Merrim		
Street Address 9 MORRILL LANE #4			Street Address 7 MORRILL LANE #1		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Secretary Name Monica Goncalves			Treasurer Name Marissa Quinlan		
Street Address 9 MORRILL LANE #3			Street Address 9 MORRILL LANE #4		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Marissa Quinlan			Director Name Stephanie Merrim		
Street Address 9 MORRILL LANE #4			Street Address 7 MORRILL LANE #1		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
Director Name Monica Goncalves			Director Name		
Street Address 9 MORRILL LANE #3			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
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 Marissa Quinlan Stephanie Merrim Monica Goncalves				Date 06/02/2020	
Signature of Officer/Authorized Representative					

MAIL TO:**Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

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