



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

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.

FILED

JUL 01 2020

BY 9191 *[Signature]*

1. Entity ID Number 001055027		2. Exact name of the Corporation CEDAR BROOK CONDOMINIUM ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CONDOMINIUM ASSOCIATION			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 75 GLEN DRIVE # 15		City WEST WARWICK		State RI	Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DEBORAH STRONG			Vice-President Name		
Street Address 75 GLEN DRIVE #3A			Street Address		
City WEST WARWICK	State RI	Zip 02893	City	State	Zip
Secretary Name CATHY ARAGON			Treasurer Name AIMEE BREINDEL		
Street Address 75 GLEN DRIVE #2D			Street Address 75 GLEN DRIVE #1A		
City WEST WARWICK	State RI	Zip 02893	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 type="checkbox"/>					
Director Name DEBORAH STRONG			Director Name CATHY ARAGON		
Street Address 75 GLEN DRIVE #3A			Street Address 75 GLEN DRIVE #2D		
City WEST WARWICK	State RI	Zip 02893	City WEST WARWICK	State RI	Zip 02893
Director Name AIMEE BREINDEL			Director Name		
Street Address 75 GLEN DRIVE #1A			Street Address		
City WEST WARWICK	State RI	Zip 02893	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 DEBORAH STRONG - PRESIDENT				Date 6/26/202	
Signature of Officer/Authorized Representative <i>Deborah Strong</i> PRESIDENT					

MAIL TO:
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 Website: www.sos.ri.gov