

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

Matthew A. Brown, Secietary of State

Corporations Division 100 North Main Street Providence Rt 02903-1335 401.222-3040

NON-PROFIT	CORPORATION ANNUAL R	REPORT FOR TH	E YEAR	2005			
Filing Period: June 1 -		· · · · · · · · · · · · · · · · · · ·					
(FORM MUST BE TYPED OF	R PRINTED IN BLACK)						
I. Corp.wate ID No.	2 Name of Corporation	<u></u>		<u> </u>			
117184	Kirkbrae Meadows Condominium Association, Inc	c.					
3 State of Incorporation	4. Corporate address in Rhode Island - Street Addre	ess	Cuy	Zip			
RHODE ISLAND	1300 Highbal Consus	ik M. Skan	4A Cumberta	1 02864			
5 Foreign corporation, Ente	r principal office address	City	State	Zφ			
	acter of the affairs which are actually conducted in Rhode						
MANAGING AND MAIN	ITAINING REAL AND PERSONAL PROPERTY FO	OR THE BENEFIT OF RESIDE	ENTIAL CONDOMINIUM	UNIT OWNERS			
7. NAMES AND ADDRE	SSES OF THE OFFICERS: ("X" BOX FOR ATTAC	CHMENT) [] FILL IN SPACE	ES BEFORE USING AT	TACHMENTS			
President Name		Vice President Name					
Genaro ?	Dansiver.	Joseph Ho	Joseph Hart				
Street Address) wer 2 m 1 # 9	Street Address		·			
186 019 B	river Koad "9	186 09 K	liver Road F	f 16			
Otr	Sieue Zip	City	State	$Z\psi$			
Lincoln	Rhale Isball 22865	Lincoln	127	02865			
Secretary Name		Treasurer Name					
	1 cone	Salvatore	Maggiaca	MO			
186 01d	River Road #14	Street Address	River Road	#3			
City .	State Zip	cap:	State	Zifi			
rycon	Mhode Island 02865	lincom	Rhule Is	knd 02865			
8. NAMES AND ADDRE	SSES OF THE DIRECTORS: ("X" BOX FOR ATT	<i>(ACHMENT)</i> FILL IN SPAC	ES BEFORE USING AT	TACHMENTS			
	ECTORS OF A DOMESTIC (RHODE ISLAND)) CORPORATION <u>SHALL N</u>	OT_BE LESS THAN TE	REE (3). R.I.G.L. 7-6-23			
Director Name	_	Director Name					
Genan S	ansiver;	_ Joseph H	art				
Street Address	0 0 1 14	Street Address		** '			
180019	Kiver Kond #9	186 018	River Road	#16			
Crip E. L.	State Zap	City	State	Zφ			
<u> Cincoin</u>	Khale Island 02865	lincon	Rhale Isl	C0860 bra			
Director Name		Director Name					
<u>Jallatore</u>	Maggiacomo						
Street Address 186 - 012	River load #3	Street zaldress					
Cirn:	State Zip	City	State	Zip			
Lincon	Rhale Iskul Od865						
9. REGISTERED AGENT	IN RHODE ISLAND - DO NOT ALTER - Cha	noes require filing of For	m 641 . R 161 7 6-1	3 / 7.6.78			

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

Address

LINCOLN

117184

Agent Name

Address

GREGORY D. RICHARD

177 OLD RIVER ROAD

Under penalty of perjury, I declare and affirm that	I have examined this
report, including any accompanying schedules and si	
statements contained herein are true and correct.	6/9/05

Zφ

Signature of Officer Date

SALVATORE S. MAGGIACOMO
Print or Type Name of Officer

TREASURIE!



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

Corporations Division 100 North Main Street Providence, RI 02903-1335

Matthew A. Brown, Secretary of State

RECEIVED

FOR SECRETARY OF STATE USE ONLY

File Date

NON-PROFIT CORI	POR	ATION ANNUAL	REPORT	FOR	THE YEAR	
Filling Period: June 1 - June 30		Filing Fee: \$20.00				

401.222.3040

(FORM MUST BE TYPED O	R PRINTED IN BIACK)	••				
L. Corporate ID No.	2 Name of Corpo.	ration	- -		.	
117184	Kirkbrae Meado	Kirkbrae Meadows Condominium Association, Inc.				
3. State of Incorporation		ess in Rhode Island - Street Ad		City	Zip	
RHODE ISLAND	177 016	d River Road		Lincoln	02865	
5 Foreign corporation. En			City	State	Zip	
5. Brief Description of the cly	tractor of the official which	are actually conducted in Rho				
				SIDENTIAL CONDOMINIUM	IIIIT OMNEDO	
	WIND NEXT AN	D PERSONAL PROPERT	I FOR THE BENEFIT OF RE	SIDENTIAL CONDOMINIUM	UNII OWNERS	
7. NAMES AND ADDR	ESSES OF THE OFFI	CERS: ("X" BOX FOR AT	TACHMENT) 🗍 FILL IN SP.	ACES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Jerry Sansi	veri		Joseph Hart			
Street Address			Street Address			
186 Old Rive	er Road #9		186 01d Riv	on Pond #4 6		
City Lista = - 7 -	State	Zip	City	er nuga 1716	Zip	
Lincoln	RI	02865	Lincoln	RI	02865	
Gerri Sequer	nei o	-	Treasurer Name			
		<u> </u>	Sal Maggiaco	omo	_	
Street Address			Street Address			
186 Old Rive			186 Old River Road #3			
Linnoln	State RI	<i>Ζ.ίρ</i>	City	State	7.Ip	
		02865	lLincoln	RI	102865	
				ACES BEFORE USING ATT		
THE NUMBER OF DIR Director Name	RECTORS OF A DOM	ESTIC (RHODE ISLAN		LNOT BE LESS THAN THE	<u>EE (3). R.I.G.L. 7-</u>	
			Director Name			
Jerry Sansiv	<u>eri </u>		Joseph Hart	<u> </u>	<u> </u>	
	- - - "-		Street Address			
186 Old Rive			186-01d River Road #16			
 Lincoln	State	Zip	Chy	T Road "	Zip	
Director Name	RI	l02865	Lincoln	<u>RI</u> _	02865	
Sal Maggiacor	m o		Director Name		_	
		_			<u> </u>	
186001d River	r Road #3		Street Address			
ity	Sinte	Zip	City	State	Zip	
Lincoln	RI	02865				
REGISTERED AGEN	T IN RHODE ISLANI	D - DO NOT ALTER - C	hanges require filing of I	Form 641 - R.I.G.L. 7-6-13	/ 7-6-78	
gent Name			Address			
GREGORY D. RICHARD	<u> </u>					
Address			Cuy Zip			
177 OLD RIVER ROAD			LINCOLN 02865-			
TL:						
This report mus	st be signed in ink by	y either the President, V	ice President, Secretary, As.	sistant Secretary, Treasurer,	Receiver or Trustee	
	(681 1181 1888 1 18	 				

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all

stricments contained herein are true and correct.



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

	OR PRINTED IN BLACK)				
Corporate ID No.	2. Name of Corporation				
117184 State of Incorporation	Kirkbrae Meadows Condominium Association, 4. Corporate address in Rhode Island - Street A				
RHODE ISLAND	177 Old River Road	aaress	Lincoln	2ip 02865	
	er principal office address	Cirv	State	Zip	
		J ***,		127	
rief Description of the cli	aracter of the affairs which are actually conducted in .	Rhode Island.			
	NTAINING REAL AND PERSONAL PROPERTY		SIDENTIAL CONDOMINIUM L	JNIT OWNERS	
AMES AND ADDRE	SSES OF THE OFFICERS ("X" BOX FOR ATT	ACHMENT) TIETLE IN SP	ACES REFORE USING ATT	ACHMENTS	
ident Name	SOLO OF THE OFFICERS [A DON TOWN IN	Vice President Name	ACES DEFORE USING AT	ACHMENTS	
regory D. R	ichard	Paul Richard	i		
ct Address		Street Address			
Oakhill Dr	ive	23 Timberlar	nd Brive		
	State Zip	City	Siale	Zip	
ncoln	Rhode Island 02865	Lincoln	Rhode Tele	and_02865	
retary Name egory D.Ric	hard	Treasurer Name			
et Address		Henry L. Richard Sr.			
OakHill Dr	ivo				
<u>odvilitit</u> DI	State Zip	196_0ld_Rive	State	Zip	
ncoln	Rhode Teland 02865	Timaalm			
AMES AND ADDRES	Rhode Island 02865	TACHMENT) FILL IN T	HE SPACES BEFORE USING	ATTACHMENTS	
THE NUMBER OF DI	RECTORS OF A DOMESTIC (RHODE ISLAN	D) CORPORATION SHALL	L NOT BE LESS THAN THE	<u>IEE</u> (3). R.I.G.L. 7-6	
ector Name		Director Name		. •	
egory D. Ri	chard	Henry L. Ric	hard_Jr		
et Address	•	Street Address			
OakHill Dr		9 Briarwood Road			
ncoln	State Zip	Ciry	State	Zip	
ctor Name	Rhode Island 02865	Lingoln	<u>Rhode Islar</u>	nd_02865	
ul Richard		Director Name			
et Address	- N .	Street Address			
Pimberland					
hcoln	State Zip Rhode Island 02865	City	State	Zip	
	IN RHODE ISLAND - DO NOT ALTER - Cha	inges require filing of For	m 641 - R.I.G.L. 7-6-13 / 7-6-	78	
ni Name	· -:	Address			
REGORY_D., RICHARD					
ress		City	Zip		
77 OLD RIVER ROAD		LINCOLN 02865-			

_	<u>* 1 1 7 1 8 </u>	4 *
File Date	6, ch. 03	
Check No	1081	
Ву	<u>a</u>	
FOR SECR	ETARY OF STATE USE ONLY	

Made and the form the land of the state of t		
Under penalty of perjury, I declare and affirm that I ha		
this report, including any accompanying schedules and		
and that all statements contained herein are true and co	χπect.	
)	
_ Man Dun	6-16-0	3
Signature of Officer , 1))uic	
Corecour D. MICHA	<i>w</i>	
Print of Type Name of Officer		
ν_{α}		
Title of Officer	Form 631	Rev. 6/02



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State Corporations Division 100 North Main Street Providence. Rhode Island 02903-1335 Telephone (401) 222-3040

NON-PROFIT CORPORATION

		NON-P	RUFII CURPURATION
Со	rporate ID Number <u>DN</u>	NP-117184	Annual Report for the year 2002
1.	The name of the corpo	oration is Kirkbrae M	eadows Condominium Association, Inc.
2.	The state or other juris	sdiction under the law	s of which it is incorporated is RHODE ISLAND
3.	The address of the re	gistered office of the	corporation in this state is177 OLD RIVER ROAD LINCOLN, RI 02865-
	and the name of its re	egistered agent in this	state at that address is GREGORY D. RICHARD
4.	The character of the a	iffairs which it is actua	ASSociation
5	If a foreign corporation incorporated is	n, the address of its p	rincipal office in the state or other jurisdiction under the laws of which it is
6.	Corporate address in	Rhode Island \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1 old River Road, Lincoln, RI 03865
7.	Names and addresses number of directors of	s of its directors and of a domestic (Rhode Is	officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the sland) corporation shall not be less than three (3).)
	NAME	OFFICE	ADDRESS
7,00	entyl. Bichard aul Richard reg Richard	Director Director Director President Vice-President Secretary Treasurer	Drarwood Road Lincoln RT 02865 23 Timberland Drive Lincoln RT 02865 11 Oak Hill Drive Lincoln RT 02865 23 Timberland Drive Lincoln RT 02865 11 Oak Hill drive Lincoln RT 02865 12 Oak Hill drive Lincoln RT 02865 13 Old Rivel Road, 215 Lincoln RT 02865 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that
le I	* 1 1 7 1 8 OR SECRETARY OF STATE Oate: - / 2 - C	USE ONLY	By Title (Report must be signed by an officer) Form No. 631 Revised 5/98