



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
160 North Main Street
Providence, RI 02903-1335
401.222.3040

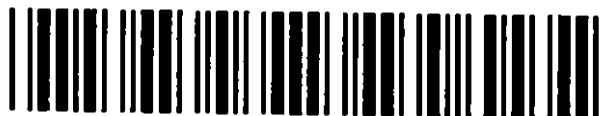
NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 117184		2. Name of Corporation Kirkbrae Meadows Condominium Association, Inc.			
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 1300 Highland Corporate Dr. Ste 204A Cumberland		City Cumberland	Zip 02864
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 MANAGING AND MAINTAINING REAL AND PERSONAL PROPERTY FOR THE BENEFIT OF RESIDENTIAL CONDOMINIUM UNIT OWNERS					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Genaro Sansiveri			Vice President Name Joseph Hart		
Street Address 186 Old River Road #9			Street Address 186 Old River Road #16		
City Lincoln	State Rhode Island	Zip 02865	City Lincoln	State RI	Zip 02865
Secretary Name Donna Falcone			Treasurer Name Salvatore Maggicomo		
Street Address 186 Old River Road #14			Street Address 186 Old River Road #3		
City Lincoln	State Rhode Island	Zip 02865	City Lincoln	State Rhode Island	Zip 02865
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 Genaro Sansiveri			Director Name Joseph Hart		
Street Address 186 Old River Road #9			Street Address 186 Old River Road #16		
City Lincoln	State Rhode Island	Zip 02865	City Lincoln	State Rhode Island	Zip 02865
Director Name Salvatore Maggicomo			Director Name		
Street Address 186 Old River Road #3			Street Address		
City Lincoln	State Rhode Island	Zip 02865	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 GREGORY D. RICHARD			Address		
Address 177 OLD RIVER ROAD			City LINCOLN	State	Zip 02865

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



117184

File Date	7-11-06
Check No.	1264
By:	
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.

Salvatore Maggicomo
Signature of Officer Date **6/9/05**

SALVATORE S. MAGGIACOMO
Print or Type Name of Officer

TREASURER
Title of Officer



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100 North Main Street
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401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 117184		2. Name of Corporation Kirkbrae Meadows Condominium Association, Inc.	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 177 Old River Road	
		City Lincoln	Zip 02865
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 MANAGING AND MAINTAINING REAL AND PERSONAL PROPERTY FOR THE BENEFIT OF RESIDENTIAL CONDOMINIUM UNIT OWNERS			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Jerry Sansiveri		Vice President Name Joseph Hart	
Street Address 186 Old River Road #9		Street Address 186 Old River Road #16	
City Lincoln	State RI	City Lincoln	State RI
Zip 02865		Zip 02865	
Secretary Name Gerri Sequenzia		Treasurer Name Sal Maggiacomo	
Street Address 186 Old River Road #15		Street Address 186 Old River Road #3	
City Lincoln	State RI	City Lincoln	State RI
Zip 02865		Zip 02865	
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 Jerry Sansiveri		Director Name Joseph Hart	
Street Address 186 Old River Road #9		Street Address 186 Old River Road #16	
City Lincoln	State RI	City Lincoln	State RI
Zip 02865		Zip 02865	
Director Name Sal Maggiacomo		Director Name	
Street Address 186 Old River Road #3		Street Address	
City Lincoln	State RI	City	State
Zip 02865		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 GREGORY D. RICHARD		Address	
Address 177 OLD RIVER ROAD		City LINCOLN	Zip 02865

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



* 1 1 7 1 8 4 *

RECEIVED

File Date

Check No. JUN 28 2004

By: [Signature]

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] 6/23/04
Signature of Officer Date

JERRY SANSIVERI
Print or Type Name of Officer

President
Title of Officer



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 117184		2. Name of Corporation Kirkbrae Meadows Condominium Association, Inc.	
3. State of Incorporation RHODE ISLAND	4. Corporate address in Rhode Island - Street Address 177 Old River Road		City Lincoln
5. Foreign corporation. Enter principal office address		State Lincoln	Zip 02865
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island. MANAGING AND MAINTAINING REAL AND PERSONAL PROPERTY FOR THE BENEFIT OF RESIDENTIAL CONDOMINIUM UNIT OWNERS			
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Gregory D. Richard		Vice President Name Paul Richard	
Street Address 11 Oakhill Drive		Street Address 23 Timberland Drive	
City Lincoln	State Rhode Island	Zip 02865	City Lincoln
Secretary Name Gregory D. Richard		Treasurer Name Henry L. Richard Jr.	
Street Address 11 Oakhill Drive		Street Address 196 Old River Road #215	
City Lincoln	State Rhode Island	Zip 02865	City Lincoln
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN THE 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 Gregory D. Richard		Director Name Henry L. Richard Jr.	
Street Address 11 Oakhill Drive		Street Address 9 Briarwood Road	
City Lincoln	State Rhode Island	Zip 02865	City Lincoln
Director Name Paul Richard		Director Name Gregory D. Richard	
Street Address 23 Timberland Drive		Street Address 177 Old River Road	
City Lincoln	State Rhode Island	Zip 02865	City Lincoln
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 GREGORY D. RICHARD		Address 177 OLD RIVER ROAD	
Address 177 OLD RIVER ROAD		City LINCOLN	Zip 02865

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



* 1 1 7 1 8 4 *

File Date 6-26-03

Check No. 1081

By [Signature]

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

Date

Gregory D. Richard

Print or Type Name of Officer

Title of Officer

Form 631 Rev. 6/02

Filing Fee: \$20.00

To be filed annually during
the month of June



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

Corporate ID Number DNP-117184

Annual Report for the year 2002

- The name of the corporation is Kirkbrae Meadows Condominium Association, Inc.
- The state or other jurisdiction under the laws of which it is incorporated is RHODE ISLAND
- The address of the registered office of the corporation in this state is 177 OLD RIVER ROAD LINCOLN, RI 02865-
and the name of its registered agent in this state at that address is GREGORY D. RICHARD
- The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is Condominium Association
- If a foreign corporation, the address of its principal office in the state or other jurisdiction under the laws of which it is incorporated is _____
- Corporate address in Rhode Island 177 Old River Road, Lincoln, RI 02865
- Names and addresses of its directors and officers: (In compliance with 7-6-23 of the R.I.G.L. 1956, as amended, the number of directors of a domestic (Rhode Island) corporation shall not be less than three (3).)

NAME

OFFICE

ADDRESS

Greg Richard	Director	11 oak Hill Drive, Lincoln, RI 02865
Henry L. Richard Jr.	Director	9 Briarwood Road, Lincoln, RI 02865
Paul Richard	Director	23 Timberland Drive, Lincoln, RI 02865
Greg Richard	President	11 oak Hill Drive, Lincoln, RI 02865
Paul Richard	Vice-President	23 Timberland Drive, Lincoln, RI 02865
Greg Richard	Secretary	11 oak Hill drive, Lincoln, RI 02865
Henry L. Richard Sr.	Treasurer	196 Old River Road, LIS, Lincoln, RI 02865

Dated: 5-23-02

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.

Kirkbrae Meadows Condominium Association, Inc.
Exact Name of Corporation

By

Title

(Report must be signed by an officer)

FOR SECRETARY OF STATE USE ONLY

File Date:

Check No.:

By:

Form No. 631
Revised 5/98