



**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. <b>68582</b>		2. Name of Corporation <b>Slocum Street Condominium Association, Inc.</b>		
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>8 SLOCUM STREET, BOX 15</b>		City <b>PROV</b>
				Zip <b>02909</b>
5. Foreign corporation. Enter principal office address		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>HOME OWNERS ASSOCIATION</b>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>ALEX GORRIARAN</b>		Vice President Name		
Street Address <b>8 SLOCUM ST. #11</b>		Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City	State
Secretary Name <b>AMANDA WHEELER LARSEN</b>		Treasurer Name <b>Nathan Smith</b>		
Street Address <b>PO BOX 603107</b>		Street Address <b>8 Slocum St Unit #22</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
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 <b>ALEX GORRIARAN</b>		Director Name		
Street Address <b>8 Slocum St #11</b>		Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02909</b>	City	State
Director Name <b>AMANDA Wheeler Larsen</b>		Director Name <b>NATHAN SMITH</b>		
Street Address <b>P.O. BOX 603107</b>		Street Address <b>8 Slocum St. Unit 22</b>		
City <b>PROV.</b>	State <b>RI</b>	Zip <b>02909</b>	City <b>PROV.</b>	State <b>RI</b>
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 <b>ALEX GORRIARAN</b>		Address		
Address <b>8 SLOCUM STREET, BOX 15</b>		City <b>PROVIDENCE</b>	Zip <b>02909</b>	

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



68582

File Date 6-23-05  
Check No. 162 162  
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 [Signature] Date \_\_\_\_\_  
Print or Type Name of Officer ALEX GORRIARAN  
Title of Officer PRESIDENT



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 68582 2. Name of Corporation SLOCUM STREET CONDOMINIUM ASSOCIATION  
 3. State of Incorporation RI 4. Corporate address in Rhode Island - Street Address 8 SLOCUM ST, Box 15 City PROV. State RI Zip 02909  
 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

Home Owners ASSOCIATION

7. NAMES AND ADDRESSES OF THE OFFICERS ( BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Alex Gonzalez Vice President Name \_\_\_\_\_  
 Street Address 8 SLOCUM ST. #11 Street Address \_\_\_\_\_  
 City PROV. State RI Zip 02909 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Secretary Name \_\_\_\_\_ Treasurer Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. NAMES AND ADDRESSES OF THE DIRECTORS ( BOX FOR ATTACHMENT)  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 Nathan Smith Director Name Amanda Larsen  
 Street Address 8 SLOCUM ST #22 Street Address 8 SLOCUM ST #17  
 City PROV. State RI Zip 02909 City PROV. State RI Zip 02909  
 Director Name Alan Pelissey Director Name \_\_\_\_\_  
 Street Address 10 SLOCUM ST #8 Street Address \_\_\_\_\_  
 City PROV. State RI Zip 02909 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 ALEX GONZALEZ Address \_\_\_\_\_  
 Address 8 SLOCUM ST # 11 City PROV. State RI Zip 02909

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

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.

Alex Gonzalez 8/5/04  
 Signature of Officer Date  
Alex Gonzalez  
 Print or Type Name of Officer  
President.  
 Title of Officer

**FILED**  
 File Date AUG 05 2004  
 Check No. By C40231  
 FOR SECRETARY OF STATE USE ONLY

NO. 00 1 S 004  
 AUG 11 2004  
 STATE OF RHODE ISLAND  
 OFFICE OF THE SECRETARY OF STATE



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

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. 68582 2. Name of Corporation Slocum Street Condo Assoc.  
 3. State of Incorporation RI 4. Corporate address in Rhode Island - Street Address 8 Slocum St. Box 15 City Providence Zip 02909  
 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  
Home Owners Assoc.

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Lucinda Moran Vice President Name \_\_\_\_\_  
 Street Address 8 Slocum St # 18 Street Address \_\_\_\_\_  
 City Providence State RI Zip 02909 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Secretary Name \_\_\_\_\_ Treasurer Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  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 JOHN HAMEL Director Name ALAN PELTSSEY  
 Street Address 8 Slocum St. # 19 Street Address 10 Slocum St # 8  
 City Providence State RI Zip 02909 City Providence State RI Zip 02909  
 Director Name JACK ADAMS # 2 Director Name \_\_\_\_\_  
 Street Address 10 Slocum St Street Address \_\_\_\_\_  
 City Providence State RI Zip 02909 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 Robert Natal Address 501 Great Rd.  
 Address \_\_\_\_\_ City N. Smithfield Zip 02890

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

**FILED**  
 File Date AUG 05 2004  
 Check No. \_\_\_\_\_  
 By: By 640231  
 FOR SECRETARY OF STATE USE ONLY

NO. 43 00 1 S 3011  
 RECEIVED  
 STATE

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] 8/5/04  
 Signature of Officer Date  
Alexis Groumet  
 Print or Type Name of Officer  
Pres.  
 Title of Officer



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

Secretary of State  
Corporations Division  
100 North Main Street Providence, RI 02903-1335  
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 68582 2. Name of Corporation Slocum Street Condo. Assoc.  
 3. State of Incorporation RI 4. Corporate address in Rhode Island - Street Address 8 Slocum St. Box 15. City Providence State RI Zip 02909  
 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  
Home Owners Assoc.

7. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  
 President Name LUCINDA MORRA Vice President Name \_\_\_\_\_  
 Street Address 8 Slocum St #18 Street Address \_\_\_\_\_  
 City Providence State RI Zip 02909 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Secretary Name \_\_\_\_\_ Treasurer Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)  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 ALAN PLESSISSEY Director Name JACK ADAMS  
 Street Address 10 Slocum St #8 Street Address 10 Slocum St #2  
 City Providence State RI Zip 02909 City Providence State RI Zip 02909  
 Director Name JOHN HAMEL #19 Director Name \_\_\_\_\_  
 Street Address 8 Slocum St. Street Address \_\_\_\_\_  
 City Providence State RI Zip 02909 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-18  
 Agent Name ROBERT NATAL Address 501 Great Rd.  
 Address \_\_\_\_\_ City N. Smithfield Zip 02896

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

**FILED** AUG 05 2004  
 File Date \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By C40231  
 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 [Signature] Date 8/5/04  
 Print or Type Name of Officer Alex Gannan  
 Title of Officer Pres.



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2001

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 68502 2. Name of Corporation Slocum Street Condo. Assoc.  
 3. State of Incorporation RI 4. Corporate address in Rhode Island - Street Address 8 Slocum St. Box 15 City Providence Zip 02909  
 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  
Home Owners Assoc.

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Domenic Gantiert</u>	Vice President Name
Street Address <u>8 Slocum St. #16</u>	Street Address
City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>	City State Zip
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  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 <u>MARK Southworth</u>	Director Name <u>Domenic Gantiert</u>
Street Address <u>10 Slocum St. #1</u>	Street Address <u>8 Slocum St. #16</u>
City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>
Director Name <u>JOHN STERACIO</u>	Director Name
Street Address <u>8 Slocum St. #15</u>	Street Address
City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>	City State Zip

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER. Changes require filing of Form 641 - R.I.G.L. 7-6-1317-678

Agent Name <u>Robert Natal</u>	Address <u>501 Great Rd.</u>
Address	City <u>North Smithfield</u> Zip <u>02896</u>

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

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] 8/5/04  
 Signature of Officer Date  
Albert Grossman  
 Print or Type Name of Officer  
Pres  
 Title of Officer

**FILED** AUG 5 2004  
 File Date  
 Check No. AUG 05 2004  
 By CU0231  
 FOR SECRETARY OF STATE USE ONLY



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

Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2000  
Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 68582 2. Name of Corporation Slocum Street Condo Assoc  
3. State of Incorporation RI 4. Corporate address in Rhode Island - Street Address 8 Slocum St, Box 15 City Providence Zip 02909  
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  
Home Owners Assoc

7. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>Domenic Gantieri</u>	Vice President Name _____
Street Address <u>8 Slocum St # 16</u>	Street Address _____
City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>	City _____ State _____ Zip _____
Secretary Name _____	Treasurer Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

8. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)  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 <u>Domenic Gantieri</u>	Director Name <u>Steve Ceier</u>
Street Address <u>8 Slocum St # 16</u>	Street Address <u>8 Slocum St # 18</u>
City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>
Director Name <u>Debbie Della Gratta</u>	Director Name <u>Lucinda Monka</u>
Street Address <u>#4</u>	Street Address <u>8 Slocum St # 20</u>
City _____ State _____ Zip _____	City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>

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 Rossetta Matal Address 501 Great Pl.  
Address \_\_\_\_\_ City N. Smithfield Zip 02896

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

**FILED**

File Date AUG 05 2004

Check No \_\_\_\_\_

By C40231

FOR SECRETARY OF STATE USE ONLY

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
AUG 5 10 11 AM '04

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 [Signature] Date 8/5/04  
Print or Type Name of Officer Steve Ceier  
Title of Officer President



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

Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 68582 2. Name of Corporation Slocum Street Condo Assoc.  
 3. State of Incorporation RI 4. Corporate address in Rhode Island - Street Address 8 Slocum St. Box 15 City Providence Zip 02909  
 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  
Home Owners Assoc.

7. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Domenic Gaubert Vice President Name \_\_\_\_\_  
 Street Address 8 Slocum St #16 Street Address \_\_\_\_\_  
 City Providence State RI Zip 02909 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Secretary Name \_\_\_\_\_ Treasurer Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)  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 Domenic Gaubert Director Name Steven Cecant  
 Street Address 8 Slocum St #16 Street Address 8 Slocum St #18  
 City Providence State RI Zip 02909 City Providence State RI Zip 02909  
 Director Name DAVID ODOSIA Director Name \_\_\_\_\_  
 Street Address 8 Slocum St #9 Street Address \_\_\_\_\_  
 City Providence State RI Zip 02909 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 Robert Matal Address 501 Great Rd.  
 Address \_\_\_\_\_ City N. Smithfield Zip 02896

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

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] 8/5/04  
 Signature of Officer Date  
Abel Gonzalez  
 Print or Type Name of Officer  
Pres.  
 Title of Officer

**FILED**  
 File Date AUG 05 2004  
 By 040231  
 FOR SECRETARY OF STATE USE ONLY



**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 1998

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No 68582 2. Name of Corporation Slocum Street Condo Assoc  
 3. State of Incorporation RI 4. Corporate address in Rhode Island - Street Address 8 Slocum St, Box 15 City Providence Zip 02909  
 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  
Home Owners Assoc

**7. NAMES AND ADDRESSES OF THE OFFICERS** ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>JOE Santoro</u>	Vice President Name <u>EDMUND GANTIERI</u>
Street Address <u>8 Slocum St.</u>	Street Address <u>8 Slocum St #16</u>
City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>
Secretary Name	Treasurer Name
Street Address	Street Address
City State Zip	City State Zip

**8. NAMES AND ADDRESSES OF THE DIRECTORS** ("X" BOX FOR ATTACHMENT)  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 <u>MARK Southworth</u>	Director Name <u>DAVID ODESSA</u>
Street Address <u>8 Slocum St #14</u>	Street Address <u>8 Slocum St #9</u>
City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>	City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>
Director Name <u>STEVEN CECERI</u>	Director Name
Street Address <u>8 Slocum St #18</u>	Street Address
City <u>Providence</u> State <u>RI</u> Zip <u>02909</u>	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 Robert Katal Address 501 Great Rd.  
 City N. Smithfield Zip 02896

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

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 [Signature] Date 8/5/04  
 Print or Type Name of Officer Alex GORREARY  
 Title of Officer Pres.

**FILED**  
 File Date AUG 05 2004  
 Check No By 040231  
 FOR SECRETARY OF STATE USE ONLY



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1997

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 68582 2. Name of Corporation Slocum Street Lando Assoc.  
 3. State of Incorporation RI 4. Corporate address in Rhode Island - Street Address 8 Slocum St. Box 15 City Providence Zip 02909  
 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  
Home Owners Assoc.

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Stephen Beadreau Vice President Name \_\_\_\_\_  
 Street Address 10 Slocum St. #7 Street Address \_\_\_\_\_  
 City Providence State RI Zip 02909 City State Zip  
 Secretary Name \_\_\_\_\_ Treasurer Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
 City State Zip City State Zip

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  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 Stephen Beadreau Director Name Joe Santoro  
 Street Address 10 Slocum St #7 Street Address 8 Slocum St  
 City Providence State RI Zip 02909 City Providence State RI Zip 02909  
 Director Name Domenic Gantieri Director Name \_\_\_\_\_  
 Street Address 8 Slocum St. #16 Street Address \_\_\_\_\_  
 City Providence State RI Zip 02909 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 Robert Natal Address 301 Great Rd.  
 Address \_\_\_\_\_ City N. Smithfield Zip 02896

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

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 [Signature] Date 6/5/04  
 Print or type Name of Officer Alex Connerney  
 Title of Officer Pres.

**FILED**  
 File Date Aug 05 2004  
 Check No. By C40231  
 FOR SECRETARY OF STATE USE ONLY



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1996

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 6582 2. Name of Corporation Slocum Street Condominium Association  
3. State of Incorporation RI 4. Corporate address in Rhode Island - Street Address 8 Slocum St. Box 15 City Providence State RI Zip 02909  
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  
Home Owners Association

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Stephen Beadman Vice President Name \_\_\_\_\_  
Street Address 10 Slocum St. # 7 Street Address \_\_\_\_\_  
City Providence State RI Zip 02909 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Secretary Name \_\_\_\_\_ Treasurer Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  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 Stephen Beadman Director Name Domenic Gantiere  
Street Address 10 Slocum St. # 7 Street Address 8 Slocum St # 16  
City Providence State RI Zip 02909 City Providence State RI Zip 02909  
Director Name Lucinda Morra Director Name \_\_\_\_\_  
Street Address 8 Slocum St. # 18 Street Address \_\_\_\_\_  
City Providence State RI Zip 02909 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 Robert Natal Address 501 Great Rd.  
Address N. Smithfield City \_\_\_\_\_ State \_\_\_\_\_ Zip 02896

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

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.

Alex Corvelli 8/5/04  
Signature of Officer Date  
Alex Corvelli  
Print of Type Name of Officer  
Pres.  
Title of Officer

**FILED**  
File Date AUG 05 2004  
Check No. By C40231  
FOR SECRETARY OF STATE USE ONLY



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

Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1995

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 68582 2. Name of Corporation SLOCUM STREET CONDOMINIUM ASSOCIATION  
 3. State of Incorporation RI 4. Corporate address in Rhode Island - Street Address 8 SLOCUM ST., BOX 15 City PROV Zip 02909  
 5. Foreign corporation: Enter principal office address City PROV State RI Zip 02909

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island  
HOME OWNERS ASSOCIATION

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Stephen Benudkean Vice President Name \_\_\_\_\_  
 Street Address 10 Slocum St. # 7 Street Address \_\_\_\_\_  
 City PROV. State RI Zip 02909 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Secretary Name \_\_\_\_\_ Treasurer Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Street Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS  
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Director Name Stephen Benudkean Director Name FITZGERALD Himmelsbach  
 Street Address 10 SLOCUM ST. # 7 Street Address 8 SLOCUM ST. # 17  
 City PROV. State RI Zip 02909 City PROV. State RI Zip 02909  
 Director Name Steve Cecere Director Name \_\_\_\_\_  
 Street Address 8 SLOCUM ST # 18 Street Address \_\_\_\_\_  
 City PROV. State RI Zip 02909 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 Robert Natal Address 501 Great Rd.  
 Address \_\_\_\_\_ City U. South Field Zip 02894

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

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.

Alex Gorzaran 8/5/04  
 Signature of Officer Date  
Alex Gorzaran  
 Print or Type Name of Officer  
President  
 Title of Officer

**FILED**  
 File Date AUG 05 2004  
 By C40231  
 SECRETARY OF STATE USE ONLY

**State of Rhode Island and Providence Plantations**  
NON-PROFIT CORPORATION

Corporate ID Number 68582

Annual Report for the year 1994

FIRST: The name of the corporation is Slocum Street Condominium Association, Inc.

SECOND: It is incorporated under the laws of State of Rhode Island

THIRD: The character of the affairs which it is actually conducting in Rhode Island, briefly stated, is To oversee the operation of the Condominium Project

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the law which it is incorporated is N/A

FIFTH: Corporate address in Rhode Island 8 Slocum Street Providence, RI

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

NAME	OFFICE	ADDRESS
Fitzgerald Himmelsbach	Director	8 Slocum Street Providence, RI
Hugh Caspe	Director	33 Philemon Whale Lane Sudbury, MA
Leslie Hayden	Director	4 Chrysler Rd. Natick, MA
	President	
	Vice President	
	Secretary	
	Treasurer	

(If additional space is needed, attach rider)

Dated: August 10 19 94

Slocum Street Condominium Association  
(Name of Corporation)

**FILE**

SEP 12 1994

BY 6859128589

By [Signature]

Title Officer

(Report must be signed by an off

If the corporation has changed its registered office and/or its registered agent,  
Form N-14 must be filed. Please contact Corporation Division for information, 277-3040  
Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

State of Rhode Island and Providence Plantations  
NON-PROFIT CORPORATION

Corporate ID Number 68582

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Leslie Hayden	Director	4 Chrysler Rd. Natick, MA
	President	
	Vice President	
	Secretary	
	Treasurer	

(If additional space is needed, attach rider)

Dated: August 10 19 94

Slocum Street Condominium Association  
(Name of Corporation)

By [Signature]  
Title Officer

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form N-14 must be filed. Please contact Corporation Division for information, 277-3040  
Mail with fee to: Corporations Division, 100 North Main Street, Providence, RI 02903.

**FILED**  
SEP 12 1994  
BY 1659/28584