



State of Rhode Island
Department of State - Business Services Division

FIELD

Annual Report for the year: 2024
Non-Profit Corporation

FEB 18 2025
BY 1725

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001780513		2. Exact name of the Corporation Minnesota Tradesmen Condominiums			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Commercial Condominium Owners Association			
4. NAICS Code 813990					
6. Principal Office Address 135 Cushman Avenue			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Deborah Ann Taylor			Vice-President Name		
Street Address 135 Cushman Ave			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name			Treasurer Name Leslie Ann Spiars		
Street Address			Street Address 36 Apple Tree Lane		
City	State	Zip	City Wallingford	State CT	Zip 06492
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Deborah Ann Taylor			Director Name Leslie Ann Spiars		
Street Address 135 Cushman Ave			Street Address 36 Apple Tree Lane		
City East Providence	State RI	Zip 02914	City Wallingford	State CT	Zip 06492
Director Name Matthew Allen Taylor			Director Name		
Street Address 62 Canonchet Trail			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Leslie Ann Spiars				Date 02/10/2025	
Signature of Officer/Authorized Representative Leslie Ann Spiars					

MAIL TO:
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