State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
000046145	THE MEADOWS PROFESSIONAL OFFICE PARK CONDOMINIUMS, LTD.

3. Principal Office Address	City	State	Zip
1130 TEN ROD ROAD, SUITE D-206	NORTH KINGSTOWN	RI	02852

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
531110	SALE, LEASING AND MANAGEMENT OF CONDOMINIUMS UNITS
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
LYNN F. MORAN	1130 TEN ROD ROAD, SUITE D-206	NORTH KINGSTOWN	RI	02852

Vice-President Name	Street Address	City	State	Zip
STEVEN MORAN	1130 TEN ROD ROAD, SUITE D-206	NORTH KINGSTOWN	RI	02852

Secretary Name	Street Address	City	State	Zip
LYNN F. MORAN	1130 TEN ROD ROAD, SUITE D-206	NORTH KINGSTOWN	RI	02852

Treasurer Name	Street Address	City	State	Zip
STEVEN MORAN	1130 TEN ROD ROAD, SUITE D-206	NORTH KINGSTOWN	RI	02852

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
LYNN F. MORAN	1130 TEN ROD ROAD, SUITE D-206	NORTH KINGSTOWN	RI	02852

Director Name	Street Address	City	State	Zip
STEVEN MORAN	1130 TEN ROD ROAD, SUITE D-206	NORTH KINGSTOWN	RI	02852

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
51	COMMON/CLASS A	$0.01
149	COMMON/CLASS B	$0.01

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.

Name of Authorized Representative	Date
LYNN F. MORAN	4/8/2025

Signature of Authorized Representative

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY 5177

FORM 630- Revised 12/2023