



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000027551

2. Name of Corporation KINGSLAND LEISURE VILLAGE CONDOMINIUM, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 1077

City or Town: CHARLESTOWN

State: RI

Zip: 02813

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

CONDOMINIUM ASSOCIATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	MARY A DIAS	1D KINGSLAND COURT CHARLESTOWN, RI 02813 USA
DIRECTOR	AVERY VANNOY	1B KINGSLAND COURT CHARLESTOWN, RI 02813 USA
DIRECTOR	JOAN MONTICONE	4-A KINGSLAND COURT

		CHARLESTOWN, RI 02813 USA
VICE PRESIDENT	AVERY VANNOY	1B KINGSLAND COURT CHARLESTOWN, RI 02813 USA
SECRETARY	BEVERLY CODY	6D KINGSLAND COURT CHARLESTOWN, RI 02813 USA
PRESIDENT	MARK RAVENELL	SCAPA FLOW ROAD CHARLESTOWN, RI 02813 USA
DIRECTOR	BEVERLY CODY	15 PINE LANE BROOKFIELD, MA 01506 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MARY DIAS 1 D KINGSLAND COURT CHARLESTOWN , RI 02813

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 12 Day of May, 2015 at 7:51:41 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MARY A DIAS
Signature of Authorized Person

Form No. 631
Revised 09/07

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