



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 159057		2. Exact name of the Corporation TIKI VILLAGE HOMEOWNERS ASSOCIATION, INC.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island incidental to management and control of the leased or acquired land.			
5. Principal Office Address P O Box 177		City Chepachet		State RI	Zip 02814
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeannette Pelrine Demers		Vice-President Name Sue Babin			
Street Address PO Box 177 (54 Melissa Lane)		Street Address 65 Harris St			
City Chepachet	State RI	Zip 02814	City Riverside	State RI	Zip 02915
Secretary Name Joe Nasif		Treasurer Name Ron Girard			
Street Address 19 Sandy Way		Street Address 77 URico Ave			
City Cumberland	State RI	Zip 02864	City N Smithfield	State RI	Zip 02896
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jeannette Pelrine Demers		Director Name Sue Babin			
Street Address P.O. Box 177 (54 Melissa Lane)		Street Address 65 Harris St			
City Chepachet	State RI	Zip 02814	City Riverside	State RI	Zip 02915
Director Name Joe Nasif		Director Name Ron Girard			
Street Address 19 Sandy Way		Street Address 77 URico Ave			
City Cumberland	State RI	Zip 02864	City N. Smithfield	State RI	Zip 02896
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Jeannette P. Demers				Date 7.27.16	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

AUG - 9 2016

By 136
LW