**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:** 2017

**1. Corporate ID No.** 001667090

**2. Name of Corporation** SOUTH SHORE VILLAGE RI CONDOMINIUM ASSOCIATION

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification click here.

NAICS Code 6

813990

**4. Corporate Address in Rhode Island**

No. and Street: 133 OLD TOWER HILL RD, SUITE 1
City or Town: WAKEFIELD State: RI Zip: 02879 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**

PROVIDE FOR THE ADMINISTRATION OPERATION MANAGEMENT MAINTENANCE PRESERVATION AND CONTROL OF THE SOUTH KINGSTOWN VILLAGE RI CONDOMINIUM ASSOCIATION IN THE TOWN OF SOUTH KINGSTOWN COUNTY OF WASHINGTON STATE OF RHODE ISLAND ESTABLISHED PURSUANT OF THE RHODE ISLAND CONDOMINIUM ACT

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| PRESIDENT | STEPHEN B. KENYON | 133 OLD TOWER HILL RD, SUITE 1<br>WAKEFIELD, RI 02879 USA |
| TREASURER | LAWRENCE` C. LEBLANC | P.O. BOX #1299<br>CHARLESTOWN, RI 02813 USA |
| SECRETARY | STEPHEN B. KENYON | 133 OLD TOWER HILL RD<br>WAKEFIELD, RI 02879 USA |
| VICE PRESIDENT | LAWRENCE C. LEBLANC | P.O. BOX #1299<br>CHARLESTOWN, RI 02813 USA |
| DIRECTOR | STEPHEN B KENYON | 133 OLD TOWER HILL ROAD, SUITE 1<br>WAKEFIELD , RI 02879 USA |
| DIRECTOR | LAWRENCE C LEBLANC | P.O. BOX 1299<br>CHARLESTOWN, RI 02813 USA |
| DIRECTOR | KELLY KENYON-LEVALLEY | 133 OLD TOWER HILL RD.<br>WAKEFIELD, RI 02879 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**

STEPHEN B. KENYON 133 OLD TOWER HILL ROAD, SUITE 1 WAKEFIELD , RI 02879

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

**Signed this 5 Day of June, 2017 at 4:58:47 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 STEPHEN B. KENYON
Signature of Authorized Person

Form No. 631
Revised 09/07

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