



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

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 30487		2. Exact name of the Corporation Paige Associates			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Homeowner Management			
4. NAICS Code 813990 - Other Similar Or <input type="checkbox"/>					
6. Principal Office Address 3 Paige Drive		City Coventry	State RI	Zip 02816	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Paul Marchesseault		Vice-President Name None			
Street Address 3 Paige Drive		Street Address			
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Paul Marchesseault		Treasurer Name Michael Berndt			
Street Address 3 Paige Drive		Street Address 5 Paige Drive			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. 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 Norman Faucher		Director Name Michael Berndt			
Street Address 23 Paige Drive		Street Address 5 Paige Drive			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name None		Director Name Paul Marchesseault			
Street Address		Street Address 5 Paige Drive			
City	State	Zip	City Coventry	State RI	Zip 02816
9. 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Paul Marchesseault				Date 05/19/2017	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>					

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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JUN 02 2017 *or*

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