

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 000486105		2. Exact name of the Corporation Village Green Condominium Association, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Management and Operation of a Condominium Association			
4. NAICS Code 531311 Residential Property Managers					
6. Principal Office Address 3301 Village Green Circle		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 Jean LaPlante		Vice-President Name Rex Stone			
Street Address 3301 Village Green Circle		Street Address 2301 Village Green Circle			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Charlene Brissette		Treasurer Name Palmera Nolan			
Street Address 905 Village Green Circle		Street Address 2206 Village Green Circle			
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 Andrea Cambio		Director Name Frank Farrell			
Street Address 1606 Village Green Circle		Street Address 2204 Village Green Circle			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Marguerite O'Brien		Director Name Don Souls			
Street Address 2806 Village Green Circle		Street Address 2701 Village Green Circle			
City Coventry	State RI	Zip 02816	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 Rex Stone				Date June 5, 2017	
Signature of Officer/Authorized Representative <i>Rex D. Stone</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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