



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

Annual Report for the year:
Non-Profit Corporation

2017

- 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 105855		2. Exact name of the Corporation Village at Point Judith Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To preserve and maintain the subdivision entitled The Village at Point Judith, Narragansett, RI	
4. NAICS Code 813410			
6. Principal Office Address 37 Southwest Road		City Narragansett	State RI
		Zip 02882	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Paul Zonfrillo		Vice-President Name Michelle Tremont	
Street Address 7 Windward Circle		Street Address 74 White Swan Drive	
City Narragansett	State RI	Zip 02882	City Narragansett
			State RI
			Zip 02882
Secretary Name none		Treasurer Name Diana Funke	
Street Address		Street Address 37 Southwest Road	
City	State	Zip	City Narragansett
			State RI
			Zip 02882
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 Paul Zonfrillo		Director Name Diana Funke	
Street Address 7 Windward Circle		Street Address 37 Southwest Road	
City Narragansett	State RI	Zip 02882	City Narragansett
			State RI
			Zip 02882
Director Name Michelle Tremont		Director Name none	
Street Address 74 White Swan Drive		Street Address	
City Narragansett	State RI	Zip 02882	City
			State
			Zip
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.			
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 Diana Funke, Treasurer			Date 6/20/17
Signature of Officer/Authorized Representative Diana L. Funke			

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

JUN 23 2017

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