



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 126035		2. Exact name of the Corporation PINE LODGE CONDOMINIUM ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CONDOMINIUM MANAGEMENT			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 32 CATHERINE STREET			City NEWPORT	State RI	Zip 02840
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LESLIE H. MAHER			Vice-President Name		
Street Address 32 CATHERINE STREET			Street Address		
City NEWPORT	State RI	Zip 02840	City	State	Zip
Secretary Name TOM LAMBERT			Treasurer Name DEAN LAMBERT		
Street Address 32 CATHERINE STREET			Street Address 32 CATHERINE STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
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 MARY REYNOLDS			Director Name DILL BROOKS		
Street Address THE COTTAGE 32 CATHERINE STREET			Street Address 32 CATHERINE STREET		
City NEWPORT	State RI	Zip 02840	City NEWPORT	State RI	Zip 02840
Director Name Leslie MAHER			Director Name		
Street Address 32A Catherine St			Street Address		
City Newport	State RI	Zip 02840	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.					
<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 LESLIE H. MAHER				Date 6-19-2017	
Signature of Officer/Authorized Representative					

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

BY

JUN 28 2017

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