RI SOS Filing Number: 201746828510 Date: 6/29/2017 4:00:00 PM

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

Penaky: Additional \$25.00	ree ii form is not lifet	u by July 30.		 			
1. Entity ID Number	2. Exact nar	2. Exact name of the Corporation					
89301	Pointe Plac	Pointe Place Condominium					
3. State of Incorporation	5. Brief desc	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Condomini	Condominium Owners' Association for real estate located at 33 Van Zandt Ave., Newport RI 02840.					
4. NAICS Code							
813990 - Other Similar Orga	T 📉						
6. Principal Office Address			City	State	Zip		
c/o 278 Reservoir Rd.			Middletown	RI	02842		
7. List ALL officers (names and				heck the box to indicate	e an attachment 🔽		
President Name Sarah Vanderveer Lui			Vice-President Name Stephen Delamere				
Street Address 33 Van Zandt Ave. #6			Street Address 560 Bay Ave.				
City Newport	State RI	Zip 02840	City South Easton	State MA	^{Zip} 02375		
Secretary Name Robert R. Novick			Treasurer Name Alyson F. Novick				
Street Address 278 Reservoir Rd.			Street Address 278 Reservoir Rd.				
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842		
8. List ALL directors (names a	nd addresses). RI (Corporations MUST	list at least THREE directors.	Check the box to indic	cate an attachment		
Director Name Sarah Vanderveer Lui			Director Name Stephen Delamere				
Street Address 33 Van Zandt Ave. #6			Street Address 560 Bay Ave.				
City Newport	State RI	Zip 02840	City South Easton	State MA	^{Zip} 02375		
Director Name Ed Shay			Director Name				
Street Address 33 Van Zandt Ave. #5			Street Address				
City Newport	State RI	Zip 02840	City	State	Zip		
9. Registered Agent in Rhode	Island. This informat	ion is currently of reco	ord in the Department of State. Char	nges require filing Form 6	41.		
Under penalty of perjury, I de statements, and that all state			ed this report, including any and correct.	ccompanying sched	ules and		
This report must be signed by either the	e President, Vice-Presid	ent, Secretary, Assistant	Secretary, Treasurer, duly Authorized Re	presentative, Receiver or Tru	stee.		
Name of Officer/Authorized Re	presentative			Date			
Alyson F. Novick, Treasurer				June 27, 2017			
Signature of Officer/Authorized	Representative	State	WANGERE				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 29 2017

FORM 631 - Revised: 06/2017