



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 157942		2. Exact name of the Corporation FOUR SISTERS CONDOMINIUM ASSOCIATION			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Operation and maintenance of the condominium			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 1041 Ten Rod Road, Suite B			City North Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name George Truesdale			Vice-President Name Carlos Teixeira		
Street Address 242 Sand Hill Cove Road			Street Address 19 Chapin Street		
City Narragansett	State RI	Zip 02882	City Ludlow	State MA	Zip 01056
Secretary Name Donna Wright			Treasurer Name Kevin Durfee		
Street Address 234 Sand Hill Cove Road			Street Address 221 Sunnybrook Farm Road		
City Narragansett	State RI	Zip 02882	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 Kevin Durfee			Director Name George Truesdale		
Street Address 221 Sunnybrook Farm Road			Street Address 242 Sand Hill Cove Road		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Carlos Teixeira			Director Name Donna Wright		
Street Address 19 Chapin Street			Street Address 234 Sand Hill Cove Road		
City Ludlow	State MA	Zip 01056	City Narragansett	State RI	Zip 02882
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 Kevin Durfee				Date 6/28 , 2017	
Signature of Officer/Authorized Representative 					

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 30 2017

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