



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 43185		2. Exact name of the Corporation KICKEMUIT KLOSE CONDOMINIUM			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island MANAGEMENT OF KICKEMUIT KLOSE CONDOMINIUM			
4. NAICS Code 813990					
6. Principal Office Address 511 CHILD STREET		Mailing: PO Box 346		City WARREN	State RI
				Zip 02885	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name GUS USECHE			Vice-President Name NONE WINIFRED MACDONALD		
Street Address 511 CHILD STREET, UNIT 701			Street Address 511 CHILD STREET, UNIT 211		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
Secretary Name PETER PEKIPPE			Treasurer Name STEPHEN ALFANO		
Street Address 7 CHASE FARM ROAD			Street Address 511 CHILD STREET, UNIT 601		
City SWANSEA	State MA	Zip 02777	City WARREN	State RI	Zip 02885
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 GUS USECHE			Director Name PETER PEKIPPE		
Street Address 511 CHILD STREET, UNIT 701			Street Address 7 CHASE FARM ROAD		
City WARREN	State RI	Zip 02886	City SWANSEA	State MA	Zip 02777
Director Name STEPHEN ALFANO			Director Name NONE WINIFRED MACDONALD		
Street Address 511 CHILD STREET, UNIT 601			Street Address 511 CHILD STREET, UNIT 211		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
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 GUS USECHE, PRESIDENT				Date 7/25/17	
Signature of Officer/Authorized Representative <i>[Signature]</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

FILED
JUL 28 2017
 BY 11516