



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 27152		2. Exact name of the Corporation JOHNSON RESIDENTIAL COMPOUND, INC.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island OPERATION OF A RESIDENTIAL COMPOUND			
5. Principal office address 5 Division Street		City East Greenwich		State RI	Zip 02818
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Alexander Riesenkaempff			Vice-President Name Stanley A. Pelli		
Street Address 1480 Boston Neck Road			Street Address 2 Woodrow Road		
City Saunderstown	State RI	Zip 02874	City Hanover	State NH	Zip 03755
Secretary Name David W. Dumas			Treasurer Name Alexander Riesenkaempff		
Street Address 5 Division Street			Street Address 1480 Boston Neck Road		
City East Greenwich	State RI	Zip 02818	City Saunderstown	State RI	Zip 02874
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Alexander Riesenkaempff			Director Name Katharina Riesenkaempff		
Street Address 1480 Boston Neck Road			Street Address 1480 Boston Neck Road		
City Saunderstown	State RI	Zip 02874	City Saunderstown	State RI	Zip 02874
Director Name Stanley A. Pelli			Director Name		
Street Address 2 Woodrow Road			Street Address		
City Hanover	State NH	Zip 03755	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date

Check No

By:

2017 JUL 28 PM 12:50

FOR SECRETARY OF STATE USE ONLY

Form No. 631
Revised: 05/2012

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.

David W. Dumas
Signature of Officer

07/27/2017

Date

David W. Dumas

Print or Type Name of Officer

Secretary

Title of Officer

FILED

JUL 28 2017

BY *309254*
A.A.