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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2018

-> Filing period. June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25 00 fee if form is not filed by July 30.

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	4,					
1. Entity ID Number 30487	2. Exact name of the Corporation Paige Associates					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Homeowner Management					
4. NAICS Code	1					
813990 - Other Similar Orgar						
6. Principal Office Address	· ^		City	State	Zip	
25 Paige Drive			Coventry	RI	02816	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Elizabeth Fortier			Vice-President Name None			
Street Address 25 Paige Drive			Street Address			
City Coventry	State RI	Zip 02816	City	State	Zıp	
Secretary Name Norman Faucher			Treasurer Name Michael Berndt			
Street Address 23 Paige Drive			Street Address 5 Paige Drive			
City Coventry	State RI	Zip 02816	City Coventry	State RI	^{Zıp} 02816	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment						
Director Name Norman Faucher			Director Name Michael Berndt			
Street Address 23 Paige Drive			Street Address 5 Paige Drive			
City Coventry	State RI	Zip 02816	City Coventry	State RI	^{Zip} 02816	
Director Name Elizabeth Fortier			Director Name None			
Street Address 25 Paige Drive			Street Address			
City Coventry	State RI	Zip 02816	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.						
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 Repre	Date	1				
Elizabeth Fortier				05/21/2018		
Signature of Chicert Authorized Redresentative SIGN DOCUMENT HERE						

MAIL TO:

Division of Business Services

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

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