State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
JUN 07 2018
BY

Annual Report for the year: 2018
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	2. Exact name of the Corporation
30487	**Paige Associates**
3. State of Incorporation: **Rhode Island**	5. Brief description of the character of business conducted in Rhode Island: **Homeowner Management**
4. NAICS Code: **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	Zip
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**	Zip **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 Representative	Date
Elizabeth Fortier	**05/21/2018**

Signature of Officer/Authorized Representative: 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

FORM 631 - Revised: 11/2017