



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

**FILED**

Annual Report for the year: 2018  
 Non-Profit Corporation

JUL 02 2018

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30

BY WUSA

1. Entity ID Number <u>000000016</u>		2. Exact name of the Corporation <u>Sakonnet East Condo Association, Inc</u>	
3. State of Incorporation <u>R.I.</u>		5. Brief description of the character of business conducted in Rhode Island <u>8 Town Houses</u>	
4. NAICS Code <u>813990</u>			
6. Principal Office Address <u>30 Sakonnet East</u>		City <u>Tiverton</u>	State <u>R.I.</u> Zip <u>02878</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Lisa Granata</u>		Vice-President Name <u>Ann Marie Nicoletti</u>	
Street Address <u>43 Sakonnet East</u>		Street Address <u>39 Sakonnet East</u>	
City <u>Tiverton</u>	State <u>RI</u>	City <u>Tiverton</u>	State <u>R.I.</u> Zip <u>02878</u>
Secretary Name <u>Patricia Connelly</u>		Treasurer Name <u>Patricia Westin</u>	
Street Address <u>37 Sakonnet East</u>		Street Address <u>33 Sakonnet East</u>	
City <u>Tiverton</u>	State <u>RI</u>	City <u>Tiverton</u>	State <u>R.I.</u> Zip <u>02878</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Hilda Todd</u>		Director Name <u>William French</u>	
Street Address <u>45 Sakonnet East</u>		Street Address <u>41 Sakonnet East</u>	
City <u>Tiverton</u>	State <u>R.I.</u>	City <u>Tiverton</u>	State <u>R.I.</u> Zip <u>02878</u>
Director Name <u>Anna Nolan</u>		Director Name	
Street Address <u>35 Sakonnet East</u>		Street Address	
City <u>Tiverton</u>	State <u>R.I.</u>	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.			
<b>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.</b>			
<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 <u>Ann Marie Nicoletti</u>			Date <u>6-28-18</u>
Signature of Officer/Authorized Representative <u>Ann Marie Nicoletti</u>			SIGN DOCUMENT HERE

MAIL TO:  
 Division of Business Services  
 148 W River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov