



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) Check the box to indicate an attachment <input type="checkbox"/>					
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>	Zip <u>02878</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>	Zip <u>02878</u>	City <u>Tiverton</u>	State <u>R.I.</u>	Zip <u>02878</u>
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 <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>	Zip <u>02878</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>	Zip <u>02878</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.					
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.					
<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
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 Website: www.sos.ri.gov