



RI SOS Filing Number: 201995413530 Date: 6/3/2019 4:00:00 PM

Department of State - Business Services Division

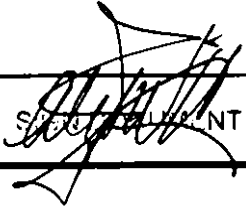
Annual Report for the year: **2019**

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 000089301		2. Exact name of the Corporation Pointe Place Condominium			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Condominium Owners' Association for real estate located at 33 Van Zandt Ave., Newport RI 02840			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address c/o 278 Reservoir Rd		City Middletown		State RI	Zip 02842
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sarah Vanderveer Lui			Vice-President Name Stephen Delamere		
Street Address 33 Van Zandt Ave. #6			Street Address 560 Bay Ave.		
City Newport	State RI	Zip 02840	City South Easton	State MA	Zip 02375
Secretary Name Robert Novick			Treasurer Name Alyson F. Novick		
Street Address 278 Reservoir Rd.			Street Address 278 Reservoir Rd.		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
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 Sarah Vanderveer Lui			Director Name Stephen Delamere		
Street Address 33 Van Zandt Ave. #6			Street Address 560 Bay Ave.		
City Newport	State RI	Zip 02840	City South Easton	State MA	Zip 02375
Director Name Ed Shay			Director Name		
Street Address 33 Van Zandt Ave. #4			Street Address		
City Newport	State RI	Zip 02840	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 Alyson F. Novick, Treasurer					Date June 1, 2019
Signature of Officer/Authorized Representative 					FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040

JUN 03 2019

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