

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

FILED

JUN 10 2019

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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 000058345	2. Exact name of the Corporation King's Grant Condominium Association, Inc.		
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Domestic non-profit corporation formed for administrating the property at 153 High Street in the Town of Westerly, Washington County, Rhode Island.		
4. NAICS Code 813990			
6. Principal Office Address 56 Sherwood Drive	City Westerly	State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert Lansing, Jr.		Vice-President Name Paul Welker	
Street Address 153 High Street Unit 14		Street Address 153 High Street Unit 9	
City Westerly	State RI	Zip 02891	City Westerly
	State RI		State RI
	Zip 02891		Zip 02891
Secretary Name Valerie Turco		Treasurer Name James Jennings	
Street Address 153 High Street Unit 21		Street Address 153 High Street Unit 34	
City Westerly	State RI	Zip 02891	City Westerly
	State RI		State RI
	Zip 02891		Zip 02891
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 Pamela Gersbeck		Director Name CeCe Schell	
Street Address 153 High Street Unit 29		Street Address 153 High Street Unit 7	
City Westerly	State RI	Zip 02891	City Westerly
	State RI		State RI
	Zip 02891		Zip 02891
Director Name David Larsen		Director Name John Kindelan	
Street Address 153 High Street Unit 10		Street Address 153 High Street Unit 4	
City Westerly	State RI	Zip 02891	City Westerly
	State RI		State RI
	Zip 02891		Zip 02891
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 Robert Lansing, Jr.			Date 6/3/2019
Signature of Officer/Authorized Representative <i>Robert Lansing, Jr.</i>			Date 6/3/2019

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