



State of Rhode Island and Providence Plantations
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.

FILEDMP

JUN 19 2019

BY 142308

1. Entity ID Number 000163014		2. Exact name of the Corporation Leisure Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association.			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 181 Knight Street			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Susan McElroy			Vice-President Name		
Street Address 1740 Nooseneck Hill Road, #12			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Hope Murphy			Treasurer Name Diane Smith		
Street Address 1788 Nooseneck Hill Road			Street Address 1714 Nooseneck Hill Road		
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 <input type="checkbox"/>					
Director Name Susan McElroy			Director Name Hope Murphy		
Street Address 1740 Nooseneck Hill Road, #12			Street Address 1788 Nooseneck Hill Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Diane Smith			Director Name Kate Weigert		
Street Address 1714 Nooseneck Hill Road			Street Address 1740 Nooseneck Hill Road, #13		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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 Susan McElroy, President					Date
Signature of Officer/Authorized Representative <i>Susan McElroy, President, for Leisure Condominium Association</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov