



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

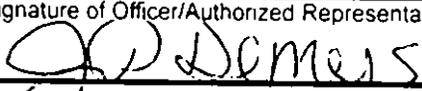
Annual Report for the year: **2020**
 Non-Profit Corporation

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

FILED

JUL 16 2020

BY 147 OS

1. Entity ID Number 159057		2. Exact name of the Corporation TIKI VILLAGE HOMEOWNERS ASSOCIATION, INC.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island incidental to management and control of leased or acquired land			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address P. O. Box 177		City Chepachet	State RI	Zip 02814	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeannette Pelrine Demers			Vice-President Name Sue Babin		
Street Address P. O. Box 177			Street Address 3 Lloyd Bowen Court		
City Chepachet	State RI	Zip 02814	City Glocester	State RI	Zip 02814
Secretary Name Joseph Nasif			Treasurer Name Ronald Girard		
Street Address 19 Sandy Way			Street Address 77 Urlico Avenue		
City Cumberland	State RI	Zip 02864	City North Smithfield	State RI	Zip 02896
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 Jeannette Pelrine Demers			Director Name Sue Babin		
Street Address P. O. Box 177			Street Address 3 Lloyd Bowen Court		
City Chepachet	State RI	Zip 02814	City Glocester	State RI	Zip 02814
Director Name Joseph Nasif			Director Name Ronald Girard		
Street Address 19 Sandy Way			Street Address 77 Urlico Avenue		
City Cumberland	State RI	Zip 02864	City North Smithfield	State RI	Zip 02896
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 Jeannette Pelrine Demers				Date 7/6/2020 ✓	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE ✓	

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