



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

FILED

Annual Report for the year: **2020**

Non-Profit Corporation

JUL 16 2020

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

BY W. D. OS

1. Entity ID Number 000070462		2. Exact name of the Corporation The Village at Indian Lake Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condominium Homeowners' Association: Execute management of Common Elements of Condominium Property, prepare Budget, and collect Assessments to provide for said property management			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address 273 Big Water Road			City Wakefield	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Roy C. Elswick			Vice-President Name Norman Rubinstein		
Street Address 273 Big Water Road			Street Address 62 Little Woods Path		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Norman Rubinstein			Treasurer Name Mary Ellen Murphy		
Street Address 62 Little Woods Path			Street Address 22 Little Woods Path		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Roy C. Elswick			Director Name Mary Ellen Murphy		
Street Address 273 Big Water Road			Street Address 22 Little Woods Path		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Norman Rubinstein			Director Name		
Street Address 62 Little Woods Path			Street Address		
City Wakefield	State RI	Zip 02879	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Mary Ellen Murphy, Treasurer				Date 6-30-20	
Signature of Officer/Authorized Representative <i>Mary Ellen Murphy</i>					
SIGN DOCUMENT HERE					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615