



State of Rhode Island

Department of State - Business Services Division

FILED

JUN 09 2021

BY

Annual Report for the year: 2021

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 135298		2. Exact name of the Corporation Kennedy Lane Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Condominium Association			
4. NAICS Code 813990 - Other Similar Organiza					
6. Principal Office Address 69 Kennedy Lane, Unit			City Harrisville	State RI	Zip 02830
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John B. Bowman			Vice-President Name Stephen F. Morin		
Street Address 69 Kennedy Lane, Unit 5			Street Address 69 Kennedy Lane, Unit 6		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Stephen F. Morin			Treasurer Name John B. Bowman		
Street Address 69 Kennedy Lane, Unit 6			Street Address 69 Kennedy Lane, Unit 5		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
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 John B. Bowman			Director Name Stephen F. Morin		
Street Address 69 Kennedy Lane, Unit 5			Street Address 69 Kennedy Lane, Unit 6		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Director Name Kathy Hughes			Director Name		
Street Address 69 Kennedy Lane, Unit 3			Street Address		
City Harrisville	State RI	Zip 02830	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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 <i>John B. Bowman</i>				Date <i>6/4/2021</i>	
Signature of Officer/Authorized Representative <i>John B. Bowman</i>					

MAIL TO:
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