



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000517499

2. Name of Corporation SCARBOROUGH VILLAGE TENANT ASSOCIATION

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 133 OLD TOWER HILL ROAD, SUITE 1

City or Town: WAKEFIELD

State: RI Zip: 02879 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO ENSURE THE PROPERTY RIGHTS OF THE INDIVIDUALS WHO OWN RESIDENTIAL DWELLINGS ON PROPERTY LOCATED IN NARRAGANSETT. THE ASSOCIATION SHALL HAVE THE POWER TO NEGOTIATE FOR AND ACQUIRE LAND ON BEHALF OF THE MEMBER HOMEOWNERS

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JAMES REILLY	6516 12TH AVE. BRADENTON, FL 34209 USA
TREASURER	DAVID LOISELLE	37 SUNNY HILL DR. WORCESTER, MA 01602 USA
SECRETARY	WENDY SAUNDERS	532 FONT GROVE RD. SLINGERLANDS, NY 12159 USA
DIRECTOR	ADRIENNE NOCTE	184 HARMONY RD. NORTH SCITUATE, RI 02857 USA
DIRECTOR	ROLAND GUILLEMETTE	9 KARA-LYNN DR. FRANKLIN, MA 02038 USA
DIRECTOR	MAUREEN IANNITELLI	3214 HOLLY TERRACE VILLAGES, FL 32160 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOHN F. KENYON 133 OLD TOWER HILL ROAD, SUITE 1 WAKEFIELD , RI 02879

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 15 Day of June, 2021 at 11:30:04 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By JOHN F. KENYON, ESQ.
Signature of Authorized Person

Form No. 631
Revised 09/07

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