RI SOS Filing Number: 202198455190 Date: 6/17/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
JUN 17 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	2. Exact name of the Corporation
000007654	Lindhbrook Green Condominium Association, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Administer property in Hopkinton, RI known as Kindhbrook Green Condos.
4. NAICS Code: 813990 - Other Similar Organ	

6. Principal Office Address	City	State	Zip
20 Pond View Drive	Hope Valley	RI	02832

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Zyg Lewandowski			Vice-President Name: Robin Darcy		
Street Address: 18 Palmer Circle			Street Address: 8 Pond View Drive		
City: Hope Valley	State: RI	Zip: 02832	City: Hope Valley	State: RI	Zip: 02832
Secretary Name: Mary Lou Hall			Treasurer Name: David Doweiko		
Street Address: 7 Woodlawn Circle			Street Address: 2 Heather Lane		
City: Hope Valley	State: RI	Zip: 02832	City: Hope Valley	State: RI	Zip: 08232

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Zyg Lewandowski			Director Name: David Doweiko		
Street Address: 18 Palmer Circle			Street Address: 3 Heather Lane		
City: Hope Valley	State: RI	Zip: 02832	City: Hope Valley	State: RI	Zip: 02832
Director Name: Robin Darcy			Director Name:		
Street Address: 8 Pond View Drive			Street Address:		
City: Hope Valley	State: RI	Zip: 02832	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.

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

Name of Officer/Authorized Representative	Date
DAVID DOWEIKO	6/14/21

Signature of Officer/Authorized Representative: David Doweiko

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

FORM 631 - Revised: 08/2020