State of Rhode Island

Department of State - Business Services Division

FILED

JUN 24 2021

BY 624

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
000070462	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 Organ	

6. Principal Office Address	City	State	Zip
273 Big Water Road	Wakefield	RI	02879

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

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 ☐

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. 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
Mary Elen Murphy, Treasurer	6/21/21

Signature of Officer/Authorized Representative: Mary Ellen Murphy

MAIL TO:
Division of Business Services
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