



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2021**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

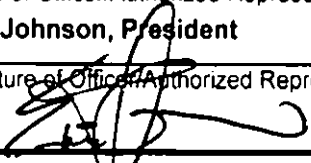
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED
STATE

JUL 02 2021

BY

1215 DS

1. Entity ID Number 000088880		2. Exact name of the Corporation Sweet Allen Farm Condominium Association, Inc.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Manage the affairs of the condominium association.			
4. NAICS Code 813990 - Other Similar Orga					
6. Principal Office Address 181 Knight Street		City Warwick		State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Eric Johnson			Vice-President Name Cathleen Veroneau		
Street Address 244 Sweet Allen Farm, C6			Street Address 30 Acorn Court, G5		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Cathleen Veroneau			Treasurer Name Eric Johnson		
Street Address 30 Acorn Court, G5			Street Address 244 Sweet Allen Farm, C6		
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 Eric Johnson			Director Name Cathleen Veroneau		
Street Address 244 Sweet Allen Farm, C6			Street Address 30 Acorn Court, G5		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Rebecca Peabody			Director Name		
Street Address 35 Acorn Court, H5			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.					
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 Eric Johnson, President					Date
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W. River Street Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov