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State of Rhode Island
Department of State - Business Services Division

FILED
JUL 02 2021

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.

EY 396065

1. Entity ID Number	2. Exact name of the Corporation
126035	Pine Lodge Condominium Association, Inc.
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Condominium management
4. NAICS Code: 813990 - Other Similar Organ	

6. Principal Office Address	City	State	Zip
543 Thames Street	Newport	RI	02840

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

President Name: Nancy Meyer	Vice-President Name: Jill Brooks
Street Address: 32 Catherine Street Cottage	Street Address: 34 Catherine Street unit 32 C
City: Newport / State: RI / Zip: 02840	City: Newport / State: RI / Zip: 02840
Secretary Name: Ted Gidley	**Treasurer Name:** Melissa Mari
Street Address: 32 Catherine Street unit 34 C	Street Address: 32 Catherine Street Cottage C
City: Newport / State: RI / Zip: 02840	City: Millis / State: MA / Zip: 02054

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

Director Name: Nancy Meyer	Director Name: Jill Brooks
Street Address: 32 Catherine Street Cottage	Street Address: 32 Catherine Street, 32 C
City: Newport / State: RI / Zip: 02840	City: Newport / State: RI / Zip: 02840
Director Name: Ted Gidley	**Director Name:**
Street Address: 32 Catherine Street unit 34 C	Street Address:
City: Newport / State: RI / Zip: 02840	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
Janet Bolander / Property management Company	6/22/2021

Signature of Officer/Authorized Representative: Janet M. Bolander

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