



State of Rhode Island

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

[JUL 02 2021]

STAMP

BY 148

1. Entity ID Number 159057		2. Exact name of the Corporation TIKI VILLAGE HOMEOWNERS ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Incidental to management and control of leased or acquired land			
4. NAICS Code 813990 - Other Similar Organiza					
6. Principal Office Address P. O. Box 177			City Chepachet	State RI	Zip 02814
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeannette Pelrine Demers			Vice-President Name Sue Babin		
Street Address P. O. Box 177, 54 Melissa Lane			Street Address 3 Lloyd Bowen Court		
City Chepachet	State RI	Zip 02814	City Glocester	State RI	Zip 02814
Secretary Name Joseph Nasif			Treasurer Name Ronald Girard		
Street Address 19 Sandy Way			Street Address 77 Urlico Avenue		
City Cumberland	State RI	Zip 02864	City North Smithfield	State RI	Zip 02896
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 Jeannette Pelrine Demers			Director Name Sue Babin		
Street Address P. O. Box 177, 54 Melissa Lane			Street Address 3 Lloyd Bowen Court		
City Chepachet	State RI	Zip 02814	City Glocester	State RI	Zip 02814
Director Name Joseph Nasif			Director Name Ronald Girard		
Street Address 19 Sandy Way			Street Address 77 Urlico Avenue		
City Cumberland	State RI	Zip 02864	City North Smithfield	State RI	Zip 02896
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Jeannette Pelrine Demers				Date 6/29/2021	
Signature of Officer/Authorized Representative 					

MAIL TO:
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