



State of Rhode Island
Department of State - Business Services Division

FILED
STAMP

Annual Report for the year: **2021**
Non-Profit Corporation _____

JUL 21 2021
BY 2036
DS

- 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 000505354		2. Exact name of the Corporation Maron Hall Owners' Association Inc			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Homeowner Association			
4. NAICS Code 624229					
6. Principal Office Address High Street			City Block Island	State RI	Zip 02807
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bennett Wohl			Vice-President Name Elsbeth Crawford		
Street Address Payne Road			Street Address High Street		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Secretary Name			Treasurer Name Bennett Wohl		
Street Address			Street Address Payne Road		
City	State	Zip	City Block Island	State RI	Zip 02807
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 Bennett Wohl			Director Name Greg Wujek		
Street Address Payne Road			Street Address 10 Pheasant Drive		
City Block Island	State RI	Zip 02807	City Ringoes	State NJ	Zip 02531
Director Name Elsbeth Crawford			Director Name		
Street Address High Street			Street Address		
City Block Island	State RI	Zip 02807	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.					
<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 Elliot Taubman				Date 7/12/2021	
Signature of Officer/Authorized Representative 					

MAIL TO:
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