



State of Rhode Island

Department of State - Business Services Division

FILED

AUG 13 2021

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Annual Report for the year: 2021

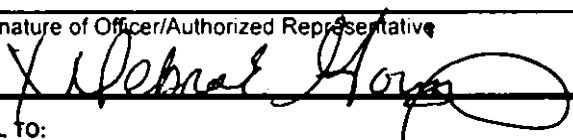
Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

BY 12067

1. Entity ID Number 43185		2. Exact name of the Corporation KICKEMUIT KLOSE CONDOMINIUM ASSOCIATION, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island MANAGEMENT OF KICKEMUIT KLOSE CONDOMINIUM			
4. NAICS Code 813990					
6. Principal Office Address 511 CHILD STREET (Mail: P.O. Box 346)		City WARREN		State RI	Zip 02885
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name Debra Going		Vice-President Name None			
Street Address 511 Child Street, Unit 206		Street Address			
City Warren	State RI	Zip 02885	City	State	Zip
Secretary Name Peter Tekippe		Treasurer Name Pamela Vardner			
Street Address 7 Chase Farm Road		Street Address 10 Orchard Drive			
City Swansea	State MA	Zip 02777	City Warren	State RI	Zip 02885
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Debra Going		Director Name Gus Useche			
Street Address 511 Child Street, Unit 206		Street Address 511 Child Street, Unit 701			
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
Director Name Peter Tekippe		Director Name Pamela Vardner			
Street Address 7 Chase Farm Road		Street Address 10 Orchard Drive			
City Swansea	State MA	Zip 02777	City Warren	State RI	Zip 02885
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 Debra Going, President					Date 08/09/21
Signature of Officer/Authorized Representative 					

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

**2021 ANNUAL REPORT CONTINUED
FOR
KICKEMUIT KLOSE CONDOMINIUM ASSOCIATION, INC.**

NON-PROFIT ID NUMBER: 43185

NAME OF NON-PROFIT: KICKEMUIT KLOSE CONDIMINIUM
ASSOCIATION, INC.

MEMBER AT LARGE: GUS USECHE
511 CHILD STREET, UNIT 701
WARREN, RI 02885