State of Rhode Island
Department of State - Business Services Division

FILED
AUG 13 2021
STATE
BY 12067

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.

1. Entity ID Number	2. Exact name of the Corporation
43185	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	City	State	Zip
511 CHILD STREET (Mail: P.O. Box 346)	WARREN	RI	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 2066			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 2066			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	Date
Debra Going, President	08/09/21

Signature of Officer/Authorized Representative: X Debra E. Going

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