



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. ID No.** 000160014

**2. Exact Name of the Limited Liability Company** Village at Potter Pond Homeowners Association, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

531390

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

HOMEOWNERS ASSOCIATION

**5. Principal Office Address**

No. and Street: 697 SUCCOTASH ROAD  
City or Town: WAKEFIELD State: RI Zip: 02879 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:  
No. and Street: 41 HANCOCK ROAD  
City or Town: NEEDHAM State: MA Zip: 02492 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	KATHERINE JACQUES	41 HANCOCK RD. NEEDHAM , MA 02492 USA

MANAGER	CAROL BELL	156 JESSICA WAY NORTHBIDGE, MA 01534 USA
MANAGER	CHARLES OLIVIER	9019 JERICO ROAD WEEKI WACHEE, FL 34613 USA
MANAGER	THELMA DI BONA	59 RIO CT FORT MEYERS, FL 33912 USA
MANAGER	RITA COOPER	8418 NIGHTHAWK DR ENGLEWOOD, FL 34224 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

RICHARD J DE SISTA 10 HIGH ST - SUITE B WAKEFIELD , RI 02879

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

*Signed this 20 Day of September, 2021 at 3:45:26 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By RICHARD DE SISTA  
Signature of Authorized Person

Form No. 632  
Revised 09/07