



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2021 AMENDMENT
RECEIVED R.I. DEPT. OF STATE SVCS DIV. 2021 SEP 20 4 49 PM 12:50

- 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 486105		2. Exact name of the Corporation VILLAGE GREEN CONDOMINIUM ASSOCIATION, INC.			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island CONDOMINIUM COMMUNITY WITH 85 UNITS FOR 55 AND OLDER FOLKS.			
4. NAICS Code 624229					
6. Principal Office Address 4002 VILLAGE GREEN CIR.		City COVENTRY	State RI	Zip 02816	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DONNA LUSSIER			Vice-President Name REX STONE		
Street Address 2606 VILLAGE GREEN CIR			Street Address 2301 VILLAGE GREEN CIR.		
City COVENTRY	State R.I.	Zip 02816	City COVENTRY	State RI	Zip 02816
Secretary Name CONNIE THORNTON			Treasurer Name REX STONE		
Street Address 2901 VILLAGE GREEN CIR			Street Address 2301 VILLAGE GREEN CIR.		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name LARRY O'BRIEN			Director Name RICHARD RAPOSA		
Street Address 1006 VILLAGE GREEN CIR.			Street Address 1103 VILLAGE GREEN CIR.		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
Director Name MARGUERITE O'BRIEN			Director Name DON SOULS		
Street Address 2806 VILLAGE GREEN CIR.			Street Address 2701 VILLAGE GREEN CIR.		
City COVENTRY	State RI	Zip 02816	City COVENTRY	State RI	Zip 02816
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 REX STONE				Date SEPT. 20, 2021	
Signature of Officer/Authorized Representative Rex D. Stone				FILED	
				SEP. 21 2021	

BY: **AA 12:50 PM**

Director Name	SHIRLEY SIMPANEN				
Street Address	1103 VILLAGE GREEN CIR.				
City	COVENTRY	State	RI	Zip	02816
Director Name	BRUCE WEINER				
Street Address	1606 VILLAGE GREEN CIR.				
City	COVENTRY	State	RI	Zip	02816



State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

September 21, 2021 12:50 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

