



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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.

FILED
 SEP 30 2021
 BY 10691
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1. Entity ID Number 001701490		2. Exact name of the Corporation ALDRICH PLAT HOMEOWNERS ASSOCIATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island For the purpose of running a Homeowner's Association for the maintenance of Association obligations and any other lawful purpose.			
4. NAICS Code 813910 - Business Associator					
6. Principal Office Address 141 Narragansett Bay Avenue			City Warwick	State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Grant W. Gray			Vice-President Name		
Street Address 141 Narragansett Bay Avenue			Street Address		
City Warwick	State RI	Zip 02889	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Grant W. Gray			Director Name John J. Kupa, Jr., Esq.		
Street Address 141 Narragansett Bay Avenue			Street Address 20 Oakdale Road		
City Warwick	State RI	Zip 02889	City North Kingstown	State RI	Zip 02852
Director Name Timothy Grenier			Director Name		
Street Address 3 Cole Circle			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 John J. Kupa, Jr., Esq.				Date 9/24/2021	
Signature of Officer/Authorized Representative				SIGN DOCUMENT HERE	

MAIL TO:
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