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

FILED
SEP 30 2021
BY 106091 DS

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 **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 Associatior	

6. Principal Office Address	City	State	Zip
141 Narragansett Bay Avenue	**Warwick**	RI	**02889**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

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.

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
John J. Kupa, Jr., Esq.	9/24/2021

Signature of Officer/Authorized Representative
SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov