



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

No Fee

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

**Domestic Non-Profit  
Annual Report - Amended**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2022

**1. Corporate ID No.** 001661521

**2. Name of Corporation** CHESTER AVE. CONDO ASSOCIATION

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code  
813990

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 18 CHESTER AVENUE

City or Town: WESTERLY

State: RI

Zip: 02891

Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

THE ASSOCIATION HAS BEEN FORMED TO ASSIGN AND COLLECT FEES FROM UNIT OWNERS TO PROVIDE FOR MAINTAINING THE GROUNDS (COMMON AREAS) AND STRUCTURES WHICH COMPRISE THE ASSOCIATION. A SPECIFIC PORTION OF THESE FEES ARE DEDICATED TOWARDS A CAPITAL RESERVE. THE CAPITAL RESERVE HAS BEEN ESTABLISHED TO FACILITATE FUTURE CAPITAL EXPENDITURES RELATIVE TO LONG TERM MAINTENANCE OF GROUNDS AND

**STRUCTURES.**

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3).  
R.I.G.L.  
7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	ALLAN SOWINSKI	239 NORTH ROAD HOPKINTON, RI 02891 USA
DIRECTOR	WENDY DONAHUE	18 CHESTER AVE UNIT 1 WESTERLY , RI 02891 USA
DIRECTOR	KAITLIN SOWINSKI	18 CHESTER AVE WESTERLY, RI 02891 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

NICHOLAS PIZZA 18 CHESTER AVENUE 2 WESTERLY , RI 02891

**Signed this 13 Day of September, 2022 at 4:43:15 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 § 7-6.***

By KAITLIN R SOWINSKI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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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 13, 2022 04:43 PM

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

Nellie M. Gorbea  
*Secretary of State*

