



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

FEB 02 2023

5113

1. Entity ID Number 000092066		2. Exact name of the Corporation Minister's Lot Condominium Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To operate and maintain land and services for condominium association.			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address Corn Neck Rd			City Block Island	State RI	Zip 02807
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Judith DeBrandt			Vice-President Name		
Street Address Corn Neck Rd			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
Secretary Name Cathy Dowd			Treasurer Name Cathy Dowd		
Street Address Corn Neck Rd			Street Address Corn Neck Rd		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
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 Kim Kondrachi			Director Name James Hinthorn		
Street Address Corn Neck Rd			Street Address Corn Neck Rd		
City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
Director Name Sean Martin			Director Name		
Street Address Corn Neck Rd			Street Address		
City Block Island	State RI	Zip 02807	City	State	Zip
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.					
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 Terence J. Mathiasen CPA					Date 1/28/23
Signature of Officer/Authorized Representative [Signature] CPA					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov