



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 23 2023

1044 *02*

1. Entity ID Number 30487		2. Exact name of the Corporation Paige Associates			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Homeowner Management			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address 25 Paige Drive		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 Elizabeth Fortier			Vice-President Name William Dudley		
Street Address 25 Paige Drive			Street Address 15 Paige Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Susan Silva			Treasurer Name Michael Berndt		
Street Address 26 Paige Drive			Street Address 05 Paige Drive		
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 type="checkbox"/>					
Director Name Elizabeth Fortier			Director Name Michael Berndt		
Street Address 25 Paige Drive			Street Address 05 Paige Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name Susan Silva			Director Name		
Street Address 26 Paige Drive			Street Address		
City Coventry	State RI	Zip 02816	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.					
<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 Elizabeth Fortier				Date 02/18/23	
Signature of Officer/Authorized Representative <i>Elizabeth Fortier</i>					

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