



Department of State - Business Services Division

MAR 07 2023
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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.

1. Entity ID Number 000149406		2. Exact name of the Corporation Jamestown Place Condominium Assocaiton			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Condoinium Assocaiton			
4. NAICS Code 813990 - Other Similar Organ <input type="checkbox"/>					
6. Principal Office Address 1341 West Main Road Ste 11		City Middletown	State RI	Zip 02842	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Catherine Kaiser		Vice-President Name Eugene Mihaly			
Street Address 35 Knowles Court		Street Address 35 Knowles Court			
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
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 Catherine Kaiser		Director Name Eugene Mihaly			
Street Address 35 Knowles Court		Street Address 35 Knowles Court			
City Jamestown	State RI	Zip 02835	City Jamestown	State RI	Zip 02835
Director Name Tom Gibbons		Director Name			
Street Address 35 Knowles Court		Street Address			
City Jamestown	State RI	Zip 02835	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 Ana Lake (agent of Jamestown Place Condominium Assocaiton)				Date 2/28/2023	
Signature of Officer/Authorized Representative 					

MAIL TO:
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