



RI SOS Filing Number: 202330286860 Date: 3/8/2023 4:00:00 PM

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.

2023 MAR -8 A
RECEIVED
STATE OF RHODE ISLAND
DEPARTMENT OF STATE
BUSINESS SERVICES DIVISION
3:00

1. Entity ID Number 00060420		2. Exact name of the Corporation Whipple Drive Property Owners Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island private road maintenance			
4. NAICS Code 813990					
6. Principal Office Address 31 Whipple Drive		City Charlestown		State RI	Zip 02813
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John Svenningsen			Vice-President Name Carl Baton		
Street Address 31 Whipple Drive			Street Address 43 Whipple Drive		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Secretary Name Barbara Svenningsen			Treasurer Name Barbara Svenningsen		
Street Address 1 Whipple Drive			Street Address 31 Whipple Drive		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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 Carl Baton			Director Name John Svenningsen		
Street Address 43 Whipple Drive			Street Address 31 Whipple Drive		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
Director Name Michael Monteforte			Director Name Barbara Svenningsen		
Street Address 49 Whipple Drive			Street Address 31 Whipple Drive		
City Charlestown	State RI	Zip 02813	City Charlestown	State RI	Zip 02813
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 Barbara Svenningsen					Date 2/17/23
Signature of Officer/Authorized Representative <i>Barbara Svenningsen</i> FILED					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 08 2023

FILED
X W N H 8
9:00

FORM 631 - Revised: 11/2021