



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.

FILED

STAMP

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BY 949
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1. Entity ID Number 000161244		2. Exact name of the Corporation Catherine Place Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Management of Condominium Association Bristol RI			
4. NAICS Code 624229					
6. Principal Office Address 25 Catherine Street Unit 9			City Bristol	State RI	Zip 02809
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeffrey Silvia			Vice-President Name None		
Street Address 23 Catherine Street			Street Address		
City Bristol	State RI	Zip 02809	City	State	Zip
Secretary Name Bette Jo Lovett			Treasurer Name Thelma Dzialo		
Street Address 25 Catherine Street Unit 4B			Street Address 25 Catherine Street Unit 5B		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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 Jeffrey Silvia			Director Name Bette Jo Lovett		
Street Address 23 Catherine Street			Street Address 25 Catherine Street Unit 4B		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Thelma Dzialo			Director Name		
Street Address 25 Catherine Street Unit 5B			Street Address		
City Bristol	State RI	Zip 02809	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 Lindsay Castergini, Manager				Date 2.25.23	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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