

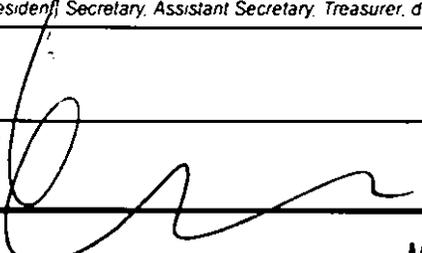
State of Rhode Island  
**Department of State - Business Services Division**

**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.

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 BUSINESS SERVICES

2023 MAR 20 P 1:40

1. Entity ID Number 163992		2. Exact name of the Corporation Elizabeth Webbing Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island			
4. NAICS Code 813319 - Other Social Advoca					
6. Principal Office Address 333 Roosevelt Ave		City Pawtucket	State RI	Zip 02860	
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Tze Ping Ng		Vice-President Name Louis Yip			
Street Address 76 Middle Rd		Street Address 71 Wingate Rd			
City East Greenwich	State RI	Zip 02818	City Providence	State RI	Zip 02906
Secretary Name Louis Yip		Treasurer Name			
Street Address 71 Wingate Rd		Street Address			
City Providence	State RI	Zip 02818	City	State RI	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors.					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Louis Yip		Director Name Tze Ping Ng			
Street Address 71 Wingate Rd		Street Address 76 Middle rd			
City Providence	State RI	Zip 02906	City East Greenwich	State RI	Zip 02818
Director Name Florence Yip		Director Name			
Street Address 71 Wingate Rd		Street Address			
City Providence	State RI	Zip 02865	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 Louis Yip				Date 3/3/23	
Signature of Officer/Authorized Representative 				<b>FILED</b>	

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 20 2023  
 BY ML MGREG