



State of Rhode Island

Department of State - Business Services Division

FILEDAnnual 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.

APR 06 2023

BY

1. Entity ID Number 000092336		2. Exact name of the Corporation Village at Nooseneck Hill Tenents Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Mobile Home Park			
4. NAICS Code 813910 - Business Associations					
6. Principal Office Address 38 Greenwich West			City West Greenwich	State RI	Zip 02817
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert Ward			Vice-President Name Cindy Chapman		
Street Address 38 Greenwich West			Street Address 21 Greenwich West		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Secretary Name Susan Archibald			Treasurer Name Norma Chapman		
Street Address 4 Greenwich West			Street Address 36 Greenwich West		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
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 Dottie Rice			Director Name Laurie Soares		
Street Address 11 Greenwich West			Street Address 23 Greenwich West		
City West Greenwich	State RI	Zip 02817	City West Greenwich	State RI	Zip 02817
Director Name Pete Judd			Director Name		
Street Address 8 Greenwich West			Street Address		
City West Greenwich	State RI	Zip 02817	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 Susan Archibald				Date 4/4/2023	
Signature of Officer/Authorized Representative <i>Susan Archibald</i>					

MAIL TO:

Division of Business Services

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