



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

**FILED**

**Annual Report for the year:** 2023  
**Non-Profit Corporation**

'APR 06 2023'  
 BY *[Signature]*

- 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 <b>000092336</b>		2. Exact name of the Corporation <b>Village at Nooseneck Hill Tenents Association</b>			
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert Ward</b>			Vice-President Name <b>Cindy Chapman</b>		
Street Address <b>38 Greenwich West</b>			Street Address <b>21 Greenwich West</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>
Secretary Name <b>Susan Archibald</b>			Treasurer Name <b>Norma Chapman</b>		
Street Address <b>4 Greenwich West</b>			Street Address <b>36 Greenwich West</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Dottie Rice</b>			Director Name <b>Laurie Soares</b>		
Street Address <b>11 Greenwich West</b>			Street Address <b>23 Greenwich West</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>
Director Name <b>Pete Judd</b>			Director Name		
Street Address <b>8 Greenwich West</b>			Street Address		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	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 <b>Susan Archibald</b>				Date <b>4/4/2023</b>	
Signature of Officer/Authorized Representative <i>Susan Archibald</i>					

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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