



State of Rhode Island

Department of State - Business Services Division

FILED

APR 06 2023
BY *[Signature]*

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.

1. Entity ID Number 133661		2. Exact name of the Corporation PINE LEDGE ROAD ASSOCIATION, INC.			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Neighborhood association for maintenance of road and bridge to Pine Ledge Properties			
4. NAICS Code <i>52220</i>					
6. Principal Office Address 99 Pineledge Road			City Greenville	State RI	Zip 02828
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michael Robinson			Vice-President Name Brian deLuz		
Street Address 103 Pineledge Road			Street Address 74 Pineledge Road		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Jean Eaton			Treasurer Name Michael McShane		
Street Address 95 Pineledge Road			Street Address 105 Pineledge Road		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
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 Michael Robinson			Director Name Brian deLuz		
Street Address 103 Pineledge Road			Street Address 74 Pineledge Road		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Director Name Michael McShane			Director Name Virginia Martins		
Street Address 105 Pineledge Road			Street Address 99 Pineledge Road		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
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 Jean Eaton Secretary				Date 3-27-23	
Signature of Officer/Authorized Representative <i>[Signature]</i>				3-27-23	

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021