



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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|---|-----------------|---|--|--|---------------------|
| 1. Entity ID Number 000035543 | | 2. Exact name of the Corporation Summit Neighborhood Ass., Inc. | | | |
| 3. State of Incorporation RI | | 5. Brief description of the character of business conducted in Rhode Island Preservation of the residential character of the neighborhood | | | |
| 4. NAICS Code 813990 | | | | | |
| 6. Principal Office Address PO Box 41092 | | | City Providence | State RI | Zip 02904 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Sharon Lee Waldman | | | Vice-President Name Bradly VanDerStad | | |
| Street Address 56 Groaton Drive | | | Street Address 202 Lippitt Street, Apt 3 | | |
| City Providence | State RI | Zip 02906 | City Providence | State RI | Zip 02906 |
| Secretary Name Nancy McKinney | | | Treasurer Name Britt Page | | |
| Street Address 19 Holly Street | | | Street Address 177 Morris Street | | |
| City Providence | State RI | Zip 02906 | City Providence | State RI | Zip 02906 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/> | | | | | |
| Director Name Anneliese Greenier | | | Director Name Emily Kloeblen | | |
| Street Address 148 Ninth Street | | | Street Address 92 Ivy Street | | |
| City Providence | State RI | Zip 02906 | City Providence | State RI | Zip 02906 |
| Director Name Corey Jones | | | Director Name Sam Burgess | | |
| Street Address 23 William Ellery Place | | | Street Address 15 Woodbine Street, Apt. 2 | | |
| City Providence | State RI | Zip 02906 | City Providence | State RI | Zip 02906 |
| 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 Sharon Lee Waldman | | | | Date 04/14/2023 | |
| Signature of Officer/Authorized Representative <i>Sharon Lee Waldman</i> | | | | FILED APR 14 2023 BY ZANXJ | |

Entity ID #000035543

Summit Neighborhood Ass., Inc.

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2023

Item 8. Attachment of Additional Directors

Andrea Belanger

160 Chace Avenue, Providence RI 02906