




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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2023 APR 14 P 2:35

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 Greaton 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.					
<i>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>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Sharon Lee Waldman				Date 04/14/2023	
Signature of Officer/Authorized Representative 				FILED	

APR 14 2023

BY ZANXJ

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

Entity ID #000035543

Summit Neighborhood Ass., Inc.

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Item 8. Attachment of Additional Directors

Andrea Belanger

160 Chace Avenue, Providence RI 02906