



FILED

APR 25 2023

BY 192
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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 113076		2. Exact name of the Corporation SACHEM PASSAGE ASSOCIATION	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO OWN, RENT, LEASE, MANAGE, ENCUMBER, IMPROVE, GIVE, BUY AND SELL REAL ESTATE FOR THE BENEFITS OF MEMBERS.	
4. NAICS Code			
6. Principal Office Address PO BOX 1443		City CHARLESTOWN	State RI
		Zip 02813	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name RONALD AREGLADO		Vice-President Name RICHARD PIZZI	
Street Address 2 PARTNIDGE RUN		Street Address 24 MOHEGAN RD	
City CHARLESTOWN	State RI	City CHARLESTOWN	State RI
Zip 02813		Zip 02813	
Secretary Name ELISE SINAGRA		Treasurer Name THOMAS GILLIGAN	
Street Address 82 EAST QUAIL RUN		Street Address 14 EAST QUAIL RUN	
City CHARLESTOWN	State RI	City CHARLESTOWN	State RI
Zip 02813		Zip 02813	
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 RONALD AREGLADO		Director Name RICHARD PIZZI	
Street Address 2 PARTNIDGE RUN		Street Address 24 MOHEGAN RD.	
City CHARLESTOWN	State RI	City CHARLESTOWN	State RI
Zip 02813		Zip 02813	
Director Name ELISE SINAGRA		Director Name THOMAS GILLIGAN	
Street Address 82 EAST QUAIL RUN		Street Address 14 EAST QUAIL RUN	
City CHARLESTOWN	State RI	City CHARLESTOWN	State RI
Zip 02813		Zip 02813	
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 THOMAS GILLIGAN			Date 4/20/23
Signature of Officer/Authorized Representative Thomas Gilligan			