



State of Rhode Island
Department of State - Business Services Division

FILED

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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 BY 1871
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1. Entity ID Number 135298		2. Exact name of the Corporation Kennedy Lane Condominium Association			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Condominium Association			
4. NAICS Code 813990 - Other Similar Organiza					
6. Principal Office Address 69 Kennedy Lane, Unit 5		City Harrisville	State RI	Zip 02830	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lynne Mastone		Vice-President Name Jan Tripodi			
Street Address 69 Kennedy Lane, Unit 6		Street Address 69 Kennedy Lane, Unit 1			
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Secretary Name Jan Tripodi		Treasurer Name John B. Bowman			
Street Address 69 Kennedy Lane, Unit 1		Street Address 69 Kennedy Lane, Unit 5			
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
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 John B. Bowman		Director Name Lynne Mastone			
Street Address 69 Kennedy Lane, Unit 5		Street Address 69 Kennedy Lane, Unit 6			
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
Director Name Jan Tripodi		Director Name			
Street Address 69 Kennedy Lane, Unit 1		Street Address			
City Harrisville	State RI	Zip 02830	City	State	Zip
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.					
<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 John B Bowman				Date 6/30/2023	
Signature of Officer/Authorized Representative John B Bowman					

MAIL TO:
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