



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.

JUL X 3 2023  
BY 1871  
ES

1. Entity ID Number <b>135298</b>		2. Exact name of the Corporation <b>Kennedy Lane Condominium Association</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Condominium Association</b>			
4. NAICS Code 813990 - Other Similar Organiza					
6. Principal Office Address <b>69 Kennedy Lane, Unit 5</b>		City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Lynne Mastone</b>		Vice-President Name <b>Jan Tripodi</b>			
Street Address <b>69 Kennedy Lane, Unit 6</b>		Street Address <b>69 Kennedy Lane, Unit 1</b>			
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>
Secretary Name <b>Jan Tripodi</b>		Treasurer Name <b>John B. Bowman</b>			
Street Address <b>69 Kennedy Lane, Unit 1</b>		Street Address <b>69 Kennedy Lane, Unit 5</b>			
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>John B. Bowman</b>		Director Name <b>Lynne Mastone</b>			
Street Address <b>69 Kennedy Lane, Unit 5</b>		Street Address <b>69 Kennedy Lane, Unit 6</b>			
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>
Director Name <b>Jan Tripodi</b>		Director Name			
Street Address <b>69 Kennedy Lane, Unit 1</b>		Street Address			
City <b>Harrisville</b>	State <b>RI</b>	Zip <b>02830</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>John B Bowman</b>				Date <b>6/30/2023</b>	
Signature of Officer/Authorized Representative <b>John B Bowman</b>					

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