



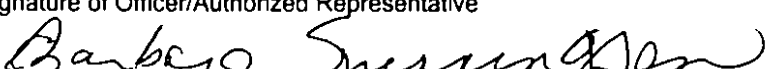
State of Rhode Island  
Department of State - Business Services Division

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Annual Report for the year: 2024

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 <b>000060420</b>			2. Exact name of the Corporation <b>Whipple Drive Property Owners Association</b>		
3. State of Incorporation <b>RI</b>			4. Brief description of the character of business conducted in Rhode Island <b>private road maintenance</b>		
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>31 Whipple Drive</b>			City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</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>John Svenningsen</b>			Vice-President Name <b>Carl Baton</b>		
Street Address <b>31 Whipple Drive</b>			Street Address <b>43 Whipple Drive</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
Secretary Name <b>Barbara Svenningsen</b>			Treasurer Name <b>Barbara Svenningsen</b>		
Street Address <b>31 Whipple Drive</b>			Street Address <b>31 Whipple Drive</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</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>Carl Baton</b>			Director Name <b>John Sevnningesen</b>		
Street Address <b>43 Whipple Drive</b>			Street Address <b>31 Whipple Drive</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
Director Name <b>Michael Monteforte</b>			Director Name <b>Barbara Svenningsen</b>		
Street Address <b>49 Whipple Drive</b>			Street Address <b>31 Whipple Drive</b>		
City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>Charlestown</b>	State <b>RI</b>	Zip <b>02813</b>
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>Barbara Svenningsen</b>				Date <b>1/24/24</b>	
Signature of Officer/Authorized Representative 					

FILED

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

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