State of Rhode Island
Department of State - Business Services Division

RECD RIDOS BSD
'24 FEB 5 PM 1:49:59

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	2. Exact name of the Corporation
000060420	**Whipple Drive Property Owners Association**
3. State of Incorporation **RI**	4. Brief description of the character of business conducted in Rhode Island **private road maintenance**
4. NAICS Code **813990**	

6. Principal Office Address	City	State	Zip
31 Whipple Drive	**Charlestown**	**RI**	**02813**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
John Svenningsen			**Carl Baton**		
Street Address **31 Whipple Drive**			Street Address **43 Whipple Drive**		
City **Charlestown**	State **RI**	Zip **02813**	City **Charlestown**	State **RI**	Zip **02813**
Secretary Name **Barbara Svenningsen**			Treasurer Name **Barbara Svenningsen**		
Street Address **31 Whipple Drive**			Street Address **31 Whipple Drive**		
City **Charlestown**	State **RI**	Zip **02813**	City **Charlestown**	State **RI**	Zip **02813**

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name			Director Name		
Carl Baton			**John Sevnningsen**		
Street Address **43 Whipple Drive**			Street Address **31 Whipple Drive**		
City **Charlestown**	State **RI**	Zip **02813**	City **Charlestown**	State **RI**	Zip **02813**
Director Name **Michael Monteforte**			Director Name **Barbara Svenningsen**		
Street Address **49 Whipple Drive**			Street Address **31 Whipple Drive**		
City **Charlestown**	State **RI**	Zip **02813**	City **Charlestown**	State **RI**	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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Barbara Svenningsen	1/24/24

Signature of Officer/Authorized Representative

Barbara Svenningsen

FILED

FEB 05 2024

BY ML 221

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

FORM 631 - Revised: 04/2023