



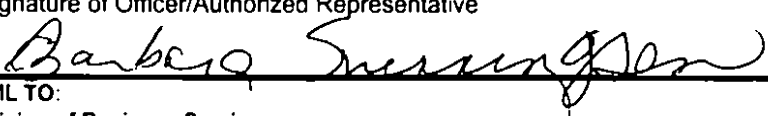
State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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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 000060420		2. Exact name of the Corporation 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 31 Whipple Drive			City Charlestown	State RI	Zip 02813
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name John Svenningsen			Vice-President Name 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 Carl Baton			Director Name John Sevnningesen		
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 Barbara Svenningsen					Date 1/24/24
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

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